

PP 360-610

**AGENCY FOR INTERNATIONAL DEVELOPMENT**  
**PROJECT DATA SHEET**

1. TRANSACTION CODE:  A = Add,  C = Change,  D = Delete. Amendment Number: \_\_\_\_\_

2. COUNTRY/ENTITY: TANZANIA

3. PROJECT NUMBER: 621-0173

4. BUREAU/OFFICE: AFR [06]

5. PROJECT TITLE (maximum 40 characters): FAMILY PLANNING SERVICES SUPPORT

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM DD YY | 1 | 2 | 3 | 1 | 9 | 7 |

7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4):  
 A. Initial FY: 9 | 0 | B. Quarter:  C. Final FY: 9 | 4 |

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

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	1,840	1,200	3,040	13,140	6,860	20,000
(Grant)	( 1,840 )	( 1,200 )	( 3,040 )	( 13,140 )	( 6,860 )	( 20,000 )
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country	0	150	150	0	1,750	1,750
Other Donor(s)						
<b>TOTALS</b>	<b>1,840</b>	<b>1,350</b>	<b>3,190</b>	<b>13,140</b>	<b>8,610</b>	<b>21,750</b>

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) DFA	440	440		0	0	3,040	0	20,000	0
(2)									
(3)									
(4)									
<b>TOTALS</b>									

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 460 | 410 | 450 | 430

11. SECONDARY PURPOSE CODES (maximum 7 codes of 4 positions each): 480

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each):  
 A. Code: PVON | TNG | BWB | EQTY  
 (000) B. Amount: 5,000 | 1,500 | 10,000 | 3,500

13. PROJECT PURPOSE (maximum 480 characters):  
 To increase contraceptive acceptance and use.

14. SCHEDULED EVALUATIONS: Interim MM YY | 0 | 9 | 9 | 3 | Final MM YY | 0 | 8 | 9 | 6 |

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

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

17. APPROVED BY: Signature: Joseph F. Stepanek, Title: Mission Director, Date Signed: MM DD YY | 8 | 20 | 9 | 0 |

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY | 09 | 21 | 90 |

### iii. Executive Summary

#### TANZANIA FAMILY PLANNING SERVICES SUPPORT PROJECT

##### SUMMARY

Grant: \$ 20.0 million over the seven-year life of project with \$ 3.04 million to be obligated in FY 90.

Grantee: Government of Tanzania

Implementing Agencies: Ministry of Health and UMATI

Why ? The population of Tanzania is projected to double every 25 years if the current population growth rate continues unchecked. The social sectors, already severely strained as the country enters the second phase of the Economic Recovery Program, will be crippled as shrinking resources are spread over a population projected to increase from the 1988 level of 23.2 million to nearly 50 million by 2015. The total fertility rate in Tanzania is estimated at 7, with no indication that this has changed significantly over the past three decades. Approximately 54% of the population is under 15 years of age; with no reduction in fertility, and assuming no change in the proportion of school age children enrolled in primary and secondary schools, GOT recurrent expenditures on education by 2015 will have to more than treble in real terms. Estimates of maternal mortality range from 185 to 370 per 100,000 live births (based on institutional deaths only). Infant mortality remains high at an estimated 107 per 1000 live births. Successful economic recovery is dependent upon the productivity of the Tanzanian people; productivity will be severely eroded by the consequences of uncontrolled fertility, disease and inadequate education and infrastructure.

Senior levels of the GOT and the Party have long been supportive of child-spacing activities. UMATI, a non-governmental organization and an International Planned Parenthood Federation (IPPF) affiliate, was established in 1959. The Ministry of Health (MOH) incorporated child spacing in its Maternal and Child Health (MCH) services in 1974, and in 1987 the Government received a Party directive to prepare a National Population Policy. A major new development occurred in March 1989, when the MOH launched a National Family Planning Program with the publication of its first 5-year Plan of Operations and an appeal to donors to support its implementation. Important policy and operational constraints to the provision and use of FP were removed. The ultimate objective of the National FP Program is to improve maternal child health through reduction in the fertility rate. The immediate constraint that must be overcome is scarcity of resources and the institutional capacity needed to raise contraceptive prevalence.

What ? In response to the GOT's firm commitment to expand and promote family planning services, as laid out in the National FP Program's Plan of Operations, USAID proposes to initiate a long-term

program of sustained assistance extending over a period of perhaps 15-20 years. This seven-year, \$ 20.0 million project, represents the first stage of that long-term program.

The project purpose is to increase contraceptive acceptance and use. It is expected that by the end of the project, there will be a cumulative increase in the contraceptive prevalence rate of one percent per year beginning in year two; a fifty percent increase in the numbers of acceptors who return for resupply; and a 100 percent increase in the number of Tanzanians who are aware of family planning and know about at least one modern method of contraception.

The project outputs will include: an expansion in quality family planning service delivery, enhanced Tanzanian institutional capacity, and the development of an information base.

The budget for the project follows:

<u>Project Funding \$(000)</u>			
<u>ITEM</u>	<u>AID</u>	<u>GOT</u>	<u>TOTAL</u>
Consultancies	\$ 3,850	\$ 0	\$ 3,850
Training	2,780	100	2,880
Commodities	7,850	100	7,950
Institutional Support	770	1,400	2,170
Research/Mon./Eval.	2,640	50	2,690
AID Mgt.	1,050	0	1,050
Subtotal	<u>18,940</u>	<u>1,650</u>	<u>20,590</u>
Contingency, Inflation	1,060	100	1,160
Total	<u>\$ 20,000</u>	<u>\$ 1,750</u>	<u>\$ 21,750</u>

Along with this project assistance, USAID will continue the policy dialogue and work with colleagues in both the public and private sector to improve the institutional base, environment and resource allocations for family planning. At this time, USAID believes that there are no critical policy impediments to family planning. This will be monitored over the life of project and, as impediments are identified, USAID will work with the GOT to remove them.

How? The major implementing agencies will be those Tanzanian agencies with current responsibilities for family planning. These are the Ministry of Health through its Family Planning and Health Education Units and UMATI. The Bureau of Statistics (BOS), Planning Commission will continue to implement the Demographic and Health Surveys. Both the GOT and USAID are committed to the principle that this is a Tanzanian program, directed, managed and implemented by Tanzanians. This is important both for project success and sustainability. The cooperating agencies (CAs) of A.I.D.'s Office of Population, Science and Technology Bureau (S&T/POP) will work with the MOH, UMATI and other Tanzanian institutions as appropriate to identify the project consultancy,

training, commodity, institutional support and research and evaluation requirements. In filling technical or managerial assignments, priority will be given to the use of Tanzanian consultants, advisors and firms. In those cases where Tanzanians with the requisite skills are not available to fill an assignment, second preference will be given to other Africans. Training efforts will be directed mainly at services providers through the development of training teams at the regional and district levels. Senior and mid level MOH and UMATI managers and technical personnel will be trained in Tanzania, the U.S. or in third countries. Institutional support in the form of office and warehouse rental and the initial funding of certain positions in UMATI and MOH will be included. Commodities including contraceptives, vehicles, equipment for clinics and health centers, and IEC materials will be provided.

The Project Advisory Committee with senior government, donor and Tanzanian private agency representation, which helped to develop the project paper, will assist with project planning, monitoring and evaluation. Each year there will be a program review to form the basis for the approval of the next year's workplan. In order to provide improved information for family planning decision-making, a number of demographic and program data collection activities and special studies have been planned. These will provide baseline data for the design of specific interventions and strengthen program monitoring and implementation. These studies will focus on questions of quality care, cost and sustainability. Two MCH/USAID project evaluations have been scheduled. The first in late 1993 will assess the project design and assumptions and progress toward achieving the desired outputs. This will be used for midterm corrections and reallocation of resources if necessary. The second in mid 1996 will look at the project purpose and end of project status and help determine the appropriateness and nature of a follow on project.

PROJECT PAPER  
FAMILY PLANNING SERVICES SUPPORT (621-0173)

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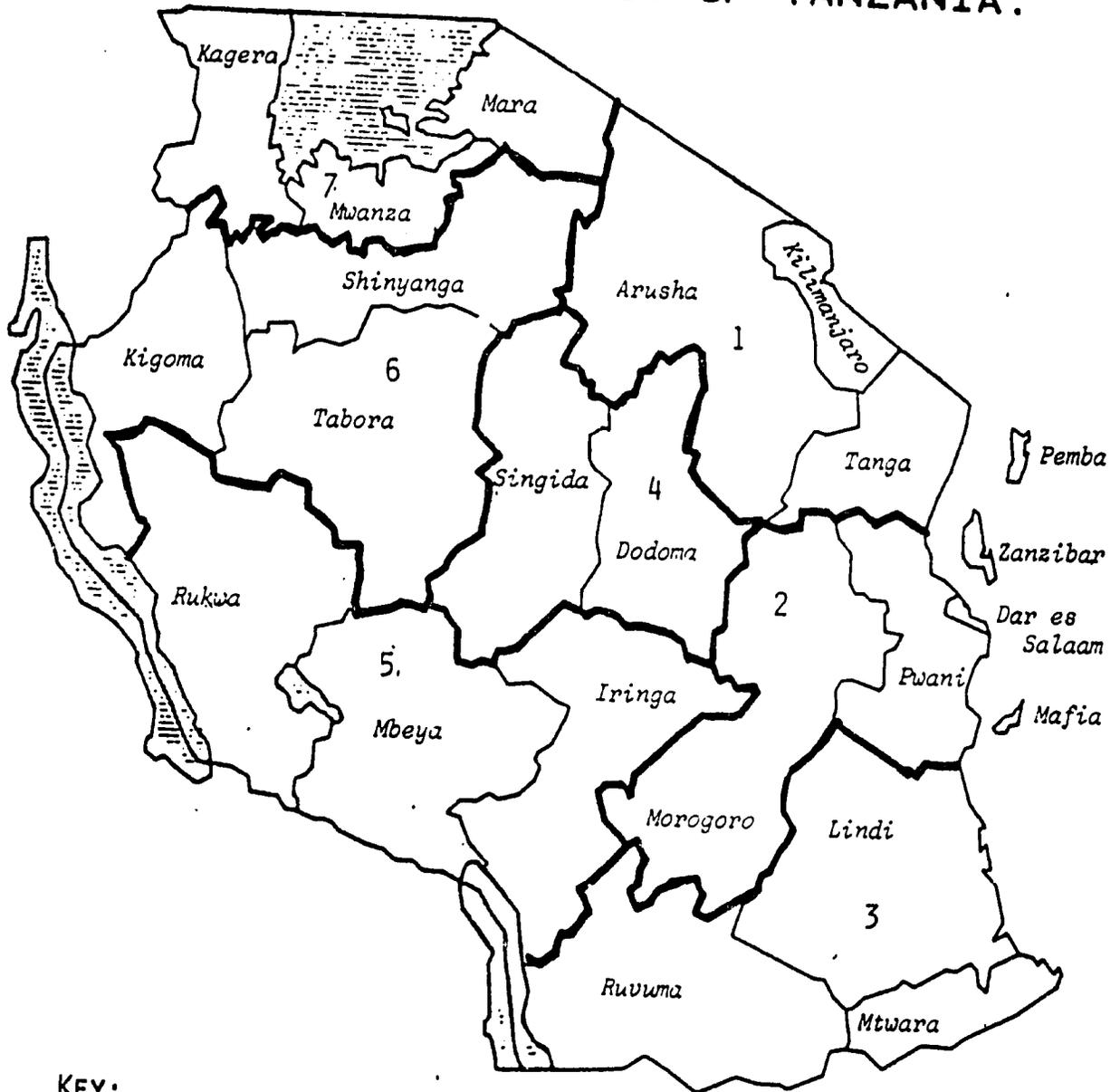
## vi. Glossary

ACMO	Assistant Chief Medical Officer
AGOTA	Association of Gynecologists and Obstetricians of Tanzania
AVSC	Association for Voluntary Surgical Contraception
BOS	Bureau of Statistics, Planning Commission
CA	Cooperating Agency
CAFS	Centre for African Family Studies
CBD	Community Based Distribution
CCM	Chama Cha Mapinduzi (Tanzanian Political Party)
CDC/JSI	Center for Disease Control/John Snow Inc.
CDSS	Country Development Strategy Statement
CEDHA	Center for Educational Development in Health, Arusha
CEDPA	Center for Development and Population Activities
COMIS	Contraceptive Management Information System
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
DANIDA	Danish International Development Agency
DHS	Demographic and Health Surveys
EDP	Essential Drug Program
EMAU	Responsible Parenthood Education for Youth
EOPS	End of Project Status
EPI	Expanded Program of Immunization
ERP	Economic Recovery Program
ESAMI	Eastern and Southern Africa Management Institute
ESAP	Economic and Social Action Program
FDA	Food and Drug Administration, U.S. Government
FP	Family Planning
FPFA	Family Planning International Assistance
FPSS	Family Planning Services Support Project
FPU	Family Planning Unit, Ministry of Health
GOT	Government of the United Republic of Tanzania
GTZ	German Technical Agency for Cooperation
HEU	Health Education Unit, Ministry of Health
HPNO	Health, Population and Nutrition Officer
IAE	Institute for Adult Education
IEC	Information, Education and Communication
INTRAH	Program for International Training in Health
IPHCLTC	Integrated Primary Health Care Logistics/Transport Committee
IPPF	International Planned Parenthood Federation
IRD	Institute for Resource Development
IUD	Intrauterine Device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JHU/PCS	Johns Hopkins University/Population Communications Services
KAP	Knowledge, Attitudes and Practices Survey
MA	Medical Aid
MCH	Maternal Child Health
MCHA	Maternal Child Health Aide
MOH	Ministry of Health
MIS	Management Information System
NGO	Non-Governmental Organization

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NORAD	Norwegian Development Assistance Agency
NFPP	National Family Planning Program
NFA	Non Project Assistance
PAC	Project Advisory Committee
PHC	Primary Health Care
PID	Project Identificaton Document
PIO	Project Implementation Order
POPFLEP	Population and Family Life Education Programme
PP	Project Paper
PPU	Population Planning Unit, Planning Commission
PSC	Personal Services Contract
PHN	Public Health Nurse
PPU	Population Planning Unit
RMA	Regional Medical Aid
RMO	Regional Medical Officer
S&T/POP	Population Office, Bureau for Science & Technology, A.I.D.
SDP	Service Delivery Point
SEATS	Family Planning Service Expansion & Technical Support Project
SIDA	Swedish International Development Agency
TA	Technical Assistance
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TOT	Training of Trainers
TRCS	Tanzanian Red Cross Society
TSh	Tanzanian Shilling
UMATI	Family Planning Association of Tanzania
UNICEF	United Nations Childrens' Fund
UNFPA	United Nations Population Fund
USAID/T	United States Agency for International Development/Tanzania
UWT	United Women of Tanzania
VSC	Voluntary Surgical Contraception
WAZAZI	Tanzanian Parents Association
WHO	World Health Organization

# MAP OF THE UNITED REPUBLIC OF TANZANIA.



KEY:

- REGIONAL BOUNDARIES
- BOUNDARIES OF MCH ZONES

- 1: KILIMANJARO MCH ZONE
- 2: DAR ES SALAAM MCH ZONE
- 3: MTWARA MCH ZONE
- 4: DODOMA MCH ZONE
- 5: MBEYA MCH ZONE
- 6: TABORA MCH ZONE
- 7: MWANZA MCH ZONE

## II. BACKGROUND AND CONSTRAINTS

### A. Background and GOT Strategy

Demographic data for Tanzania are limited. While there have been regular censuses (1948, 1957, 1978 and 1988), only the last three collected data on mortality and fertility. A demographic health survey was conducted in 1973, but much of the data was unusable. There is no national vital registration system. The total population as of late 1988, according to preliminary 1988 census results, is estimated at 23.2 million. This yields an interceding growth of 2.8%, although some suspect an undercount in 1988. The World Bank estimates a growth rate of 3.2%. Even at the lower rate, the population will double every 25 years. A generally accepted total fertility rate for Tanzania is approximately seven, with no indication that this has changed significantly over the past three decades. Contraceptive prevalence, the percentage of married women between the ages of 15-44 who are currently using contraceptives, is approximately 5 percent with estimates ranging from 2 to 7 percent.

Since Independence, the GOT has been committed to the delivery of basic social services throughout Tanzania, and has made truly impressive progress in developing the necessary infrastructure and health personnel, especially in the areas of primary and preventive health care. The national political party, Chama Cha Mapinduzi (CCM), with extensive networks at the grassroots level, has a strong record of promoting social mobilization for community activities, including sanitation and childhood immunization. However, the social gains of the 1960s and 1970s have been seriously eroded by the economic crises of the 1980s. The 1990s have begun with calls for renewed commitment to the health and education sectors as recently elaborated in the \$ 330 million World Bank-sponsored Tanzania Priority Social Action Program. The challenge facing Tanzania now is to develop the institutional capacity and the resource base to restore the quality, effectiveness and efficiency of the social service sectors in the shadow of continuing economic hardship.

Tanzania was the first African country to organize a family planning association, UMATI, which was officially inaugurated in 1959. In 1973, CCM directed the MOH to assist UMATI in the provision of child-spacing services. A year later the MOH responded with a program to introduce MCH services, including child-spacing, in every health facility. In 1987, following a series of seminars in Tanzania on population and development, the Party's National Executive Committee directed the Government to urgently prepare a comprehensive population policy. A number of seminars, chaired by Party Chairman Julius Nyerere, have been held with opinion-leaders to build consensus support for family planning, and the Party has approved a draft population policy.

In early 1990, the final version of the population policy was submitted to the Government for clearance. Included in this final draft is the goal of achieving "lower population growth rates through reduction of the birth rate by voluntary fertility regulation methods and the spread of family size norms consistent with the national economic and social goals." Among the stated objectives of the population policy are: (a) "To provide men and women with the necessary information and education on the value of planned family size and child-spacing...; (b) To educate all young people about population, family life, fertility regulation, and family planning before their entry into marriage...; and (c) To make family planning means and services easily accessible to all couples and individuals at affordable costs". Specific targets of the draft population policy include the reduction in the number of children a woman is likely to have during her lifetime by at least 2 children and a 20-30% reduction in the present maternal mortality level to 200 per 100,000 by the year 2000.

The MOH has pressed forward by launching the National FP Program, which has as its goal the promotion and protection of the health and nutritional status of the family, especially of mothers and children, and which includes the explicit, albeit extremely ambitious, target of raising the CPR to 25% by 1993. The Plan of Operations for 1989-1993 defines the strategies for the achievement of this target as the development of a strong network of clinic service-delivery points; the development of outreach FP services, including CBD; counselling; social mobilization; and intersectoral cooperation. Components of the Plan of Operations include a strong emphasis on the training of service providers, improvements to the logistics system, IEC activities to mobilize support and to inform about family planning, and the upgrading of MCH/FP clinic and office facilities.

The planned training program relies on the development of regional and district training teams to reach down to the 260 health centers and 2600 dispensaries. In turn RMAS and MCHAs would train Village Health Workers and Traditional Birth Attendants. There would also be training for health center and hospital staffs, urban health workers and teachers at nursing schools. Excluding the TBAs and the VHWS, about 10,000 people would need to be trained.

In the area of contraceptive procurement and logistics the Plan recommends that MOH take over the bulk of the contraceptive procurement from UMATI and integrate it with the EDP program. Greater use would be made of the Central Medical Stores and the National Pharmaceutical Company for procurement. The MCH Coordinators at the regional and district level would be responsible for distribution.

Health facility improvement included the preparation of a standard set of equipment for MCH/FP clinics at dispensary, health center and hospital levels. MCH buildings would provide adequate space for FP counselling and privacy. In some areas clinics would have to be rehabilitated, in areas without clinics or dispensaries new ones would need to be constructed.

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IEC activities would emphasize the provision of materials at the service provider level and the development of messages targetted at specific groups. IEC efforts would be coordinated by UMATI with support from the MOH Health Education Unit. The Party, employee groups and civic organizations would be included in an attempt to reach males who are otherwise not reached by the MCH system and remain significant barriers to increased use of family planning.

The budget developed in the Plan of Operations for these activities heavily emphasized training and logistic support as can be seen in the following chart.

#### Summary Budget

Activity	Amount (\$ 000)
Training	\$ 10,800
Logistic Support	16,600
IEC	60
Social Mobilization	310
Monitoring & Evaluation	100
Research	250
Management	150
Total	<u>\$ 28,270</u>
	=====

There is evidence to suggest that the GOT's new emphasis should meet with success. Tanzania has a well-developed health infrastructure on which to build. There is awareness among politicians and senior government leaders about the benefits of child-spacing to the health of mothers and children. The negative socio-economic consequences of unchecked population growth are starting to be appreciated (and underscored by current economic difficulties), and Party Chairman Nyerere has provided visible leadership in mobilizing support for the Population Policy. As an important first step, the GOT recently signed an agreement with UNFPA for a \$6.5 million project in support of its FP program. A World Bank Health and Nutrition project, which includes support to the Population Policy Unit within the Planning Commission and the development of the capacity within ten districts and Dar es Salaam to deliver quality family planning services, has recently been signed.

#### B. Constraints to Increased Contraceptive Use

The GOT has made considerable efforts over the last 15 years to expand the availability of child-spacing/FP services. It is estimated that 90% of Tanzanians are within walking distance of a health facility, at least 70% of all health facilities are providing some form of MCH services, and over 50% of these MCH clinics provide a reasonable range of FP services. More than 800 MCHAs and 100 PHNs have received clinical family planning training, and MCH Coordinators have received training as

FP trainers. It might have been expected that this degree of health infrastructure would have resulted in a higher contraceptive prevalence rate than the estimated 5%. The drop-out rate is also high; it is believed that approximately 80% of rural acceptors discontinue use within a year, although continuation rates appear higher in urban areas.

What accounts for this current low utilization, and high dropout rate, for contraceptives? Analysis suggests that there are critical constraints to family planning service utilization in the areas of both "supply" and "demand."

1. Irregular and insufficient delivery of contraceptives to service points limits access to FP services and frustrates current and potential clients. At best, this has restricted choice; frequently no contraceptives at all are available.
2. There is a lack of understanding of family planning benefits and methods by health workers, leading to a lack of interest in the motivation or referral of clients. Only a small proportion of service providers have been trained, and those trained have received inadequate supervision, support or follow-up training. Service providers are poorly paid and have little chance for career advancement within the MCH system.
3. Ambivalence about the merits of FP in some GOT quarters in Tanzania, and a distrust of certain contraceptive methods, have delayed the promulgation of a population policy and prompted the adoption of certain restrictive service delivery policies. Namely, contraceptives were not permitted for unmarried persons or childless couples; family life education was not introduced in the schools; Depo-Provera could only be prescribed by a gynecologist; and a woman had to have at least three children before an IUD could be inserted. With the launching of the National FP Program in March 1989, these restrictions were lifted and there remain no major policy impediments. However, it will take some time before service providers and the population at large are fully informed of these changes.
4. There are many traditional values, beliefs, attitudes and practices which cause, contribute to, and support high fertility. These include the status and prestige attained by having children; many children confirms one's virtue; enhanced self image; a man's lineage is continued through his children; proof one has been favored by spiritual forces and deceased ancestors; short term economic gain provided by children through farm labor; the economic security that children provide in old age; belief in fatalism and lack of forward planning; polygamy; early marriage.
5. Because in many cases the husband has the final say in the number of children a couple will have, and because men do not visit MCH clinics, key participants are not targetted. Efforts to reach men through other channels have been modest and relatively ineffectual.
6. There are currently two main institutions in Tanzania involved in FP services -- the MOH and UMATI. Since 1974, UMATI's role has been to procure and distribute contraceptives, to train health workers, and to

motivate Tanzanians to use FP services. The MOH has been the main service provider. In the past, the efforts of these organizations have been hindered by a lack of resources (including staff), inadequate management and information systems, and poor coordination. The institutional capacity of these organizations to expand their activities is currently limited.

C. Conformity with Africa Bureau and USAID/Tanzania's Family Planning Strategy

The challenge to Tanzania as it launches the second phase of its economic recovery program is to sustain the current economic momentum while pressing forward with further policies that will simultaneously boost the economy and provide essential social services. Within this framework, USAID/T proposed in its 1989 CDSS presentation that the Mission focus on two key priority sectors: transportation and family planning. The justification for family planning lies in the recognition that spiraling population growth rates adversely erode economic recovery; FP enhances the development of human capital, particularly of women; child-spacing is proven to have health benefits for women and children; FP is a high priority to the GOT; and A.I.D. has significant, acclaimed world-wide experience in the sector. The AID/W CDSS review held July 17, 1989, approved the Mission's intention to adopt family planning as a top priority sector.

In developing the concept for the proposed project, and in accordance with the Africa Bureau's strategy, USAID has focussed on addressing those areas (1) within which A.I.D. has comparative strength; (2) which complement the activities of, and support, other donors; and (3) which constitute major constraints to family planning in Tanzania.

In developing the PP we have continued the collaborative process begun at the PID stage. Tanzanian counterparts were included on all the technical teams. The work of the teams was guided by a GOT/Donor Technical Advisory Committee which included senior management within MOH and UMATI. Through a series of frank discussions we reached agreement on a number of key issues including levels of expatriate TA, staff resources that UMATI and MOH would have to devote to the project, phasing of the project, and the GOT contribution. We believe the project, although it will lead to significant changes in the way MOH and UMATI operate, is endorsed by them and that implementation problems will have been minimized.

D. Previous USAID Experience

1. USAID Projects

USAID was active in the Tanzanian social services sector during the 1970s and early 1980s, supporting Tanzania's commitment to improving the quality of life of its rural population. However, from 1983 to 1987, the Brooke amendment suspended all new assistance and led to the phasing out of nearly all USAID projects.

USAID assistance to the health sector began in the early 1970s with the nine-year Maternal and Child Health (MCH) Project. USAID was the principal donor in the development of the country's front-line MCH/family planning service providers. On project termination in 1982, the GOZ took over financial and management responsibility for project activities and the MCH training program remains an important component of the MOH's primary health care strategy.

Between 1981-1983, USAID's Continuing Education for Health Workers Project supported the development of the MOH's national continuing education program, which to this day provides leadership and coordination for all MCH in-service training. Other recent MCH health projects included the 1981-89 Zanzibar Malaria Control Project and the 1980-83 School Health Project.

The experiences resulting from these projects have been taken into account in the current project design. The lessons learned include: (a) the importance to sustainability of integrating project activities into existing administrative structures; (b) the importance of developing national institutional capability to maintain and build upon activities initiated during the project; (c) the need to focus on actual service delivery while working to strengthen central institutions; (d) the need to build a constituency amongst both service providers and clients; (e) the central importance of management - in terms of structure, systems and skills; and (f) the importance of a focused, long term commitment.

## 2. Centrally Funded Projects

Following the revitalization of USAID's population program in 1987, a number of discrete activities in support of population and family planning efforts have been initiated through centrally funded projects. These are listed in Table II-1.

These activities have enabled USAID to start to rebuild its relationship with the MOH, to show USAID's willingness to support Tanzania's efforts in population and family planning, to demonstrate the range of experience and expertise that USAID can offer in this sector, and to develop the informational base to inform and evaluate project activity.

### E. Other Donor Activity

UNFPA is the only other significant donor presently active in the population sector. Its current projects support both the National and the Zanzibar family planning programs, family life education for school children and adults, population data collection and analysis, population policy formulation, and demographic training. UNFPA is also planning to support the Institute of Adult Education to become a center for coordination of all population IEC activities and to strengthen their IEC materials development capabilities. The portfolio of UNFPA support for 1989-93 totals \$14 million.

TABLE II-1: A.I.D.-SUPPORTED FAMILY PLANNING SUBPROJECTS IN TANZANIA  
(1989-92)

<u>ISSUE</u>	<u>FP AREA</u>	<u>INSTITUTIONAL TIE</u>	<u>CONTRACTOR</u>	<u>DATES</u>	<u>AMOUNT</u>
INCREASED MOTIVATION	Information, Education, Communication (IEC)	Health Education Unit (MDH)	JHU/PCS	9/90-9/92	\$ 600,000
ENABLING ENVIRONMENT	Population Policy	Population Policy Unit (Planning Commission)	RAPID III	9/88-12/90	Central Funds
BASELINE DATA	Demographic and Health Survey	Bureau of Statistics (Planning Commission)	IRD	4/90-12/92	\$ 467,000
EXPANDED RANGE OF SERVICES	Voluntary Surgical Contraception	UMATI	AVSC	1/90-12/91	\$ 200,000
IMPROVED SERVICES	Nurse-Tutor Training	UMATI	JHPIEGO	9/89-3/91	\$ 160,000
IMPROVED SERVICES	AGOTA Curriculum	UMATI	JHPIEGO	9/89-11/89	Central Funds
IMPROVED SERVICES	Family Planning	UMATI	CDC/JSI	9/89-7/90	Central Funds
IMPROVED SERVICES	Contraceptive Supplies (Including Condoms)	UMATI/MDH	AID/W	9/89-12/91	\$ 920,000
NEW SERVICE POINTS	FP Service Delivery: Operations Research	Occupational Health Services (OHS)	Pop Council	1/90-12/91	Central Funds
NEW SERVICE POINTS	FP Service Delivery: Operations Research	Board of Internal Trade (BIT)	Pop Council	3/89-9/91	Central Funds
NEW SERVICE POINTS	FP Service Delivery	TAZARA	FPIA	3/89-12/90	\$ 5,000

Of this \$14 million, UNFPA's support to the MCH's National FP Program amounts to \$6.5 million for the 4-year period from 1990-1993. Approximately 50% of these funds are devoted to the procurement of contraceptives. Other components include support of national program staff, training, procurement of vehicles and clinical equipment. Minimal funds are earmarked for technical assistance or management system development. The actual budget breakdown is as follows:

## UNFPA Support for National Family Planning Program

	<u>\$ (000)</u>
Contraceptive supplies	\$ 3,400
Training	1,700
Medical equipment	700
Vehicles & maintenance	320
MOH Staff & TA	200
Clinic construction	120
Research	120
Total	<u>\$ 6,560</u> =====

Other donors to family planning include IPPF, which provides contraceptives and core funding for UMATI, and SIDA, which supports population policy development and population IEC. NORAD will be financing the construction of a National FP Center which will provide a research and training base for reproductive health and family planning.

In the general area of MCH, DANIDA is the most significant donor, supporting the essential drugs and EPI programs. DANIDA is currently planning a new project in support of overall PHC health education activities in the MCH. The GOT has signed an agreement with The World Bank for a broad-based health program, with emphasis on pharmaceutical supply and upgrading of urban health centers. There will also be support to the Population Policy Unit within the Planning Commission.

USAID's program has been designed carefully to ensure that project activities support and complement other donor-financed interventions. At this time no duplication of effort is foreseen. However, the currently limited absorptive capacity of Tanzanian institutions has led the USAID to concentrate directly on improvement of Tanzanian management capacity.

### III. PROJECT DESCRIPTION

#### A. Project Approach

The Family Planning Services Support Project (FPSS) will assist Tanzania to attain significant, sustainable increases in modern contraceptive prevalence. The project, which is outlined in the logframe at the end of the chapter, is the first major step in what USAID/Tanzania views as a long term process of providing assistance to Tanzania in this critical development sector over an extended and possibly twenty year period. To achieve its objective the FPSS is organized around the following five principles:

##### 1. Improve service delivery

FPSS is founded on the assumption that there is a sizable-and growing-unmet demand for family planning services. Therefore the project will concentrate on improving delivery of quality family planning services to clients of Tanzania's extensive network of approximately 3,000 public and private clinics. Ultimately, the sustainability of family planning in Tanzania will depend on how Tanzanians use and value these services.

##### 2. Enhance Tanzanian institutions

The FPSS will enhance Tanzanian capabilities to manage, provide, and sustain family planning services over the long term. Providing quality services in a country of Tanzania's size is a considerable challenge and requires a range of resources and skills. The volume and scope of the anticipated FPSS inputs suggest that a phased approach, in keeping with what Tanzania's institutions can currently implement, coupled with gradual institution building activities, would help these organizations to carry out effectively the National Family Planning Program Plan of Operations. Capacity-building to strengthen local institutions and local skills demands that priority be given to involvement of Tanzanian consultants, advisors and firms whenever possible.

##### 3. Maintain flexibility

The evolving family planning situation in Tanzania with institutional roles being re-examined, new approaches being tested and new challenges being addressed requires a flexible, open implementation in order to refine and readjust priorities, redirect resources and handle second generation problems once the initial obstacles to service delivery are overcome.

##### 4. Pursue policy dialogue

USAID will continue the policy dialogue. While no major policy or procedural concerns presently impede delivery of family planning

services, it is probable that specific and detailed institutional changes, regional and district procedures and GOT fee and revenue policy options will arise and need to be addressed as implementation progresses.

5. Focus on sustainability

FPSS will promote development of a sustainable Tanzanian family planning program over a twenty year period. By the end of this period, governmental resources, fees, other cost recovery techniques, and the role of the Tanzania private and NGO sectors should meet the demands of quality family planning delivery, with limited outside concessional assistance. With successive studies, evaluations and recommendations, there will be additional transfers of managerial and financial responsibility to Tanzanian institutions and professionals, beyond that agreed to at the beginning of this project.

B. Project Goal

The goal of the FPSS project is to improve the health and well being of women and children. The project supports Tanzania's National Family Planning Program Plan of Operations and will assist the Government in making the most effective use of national and donor resources. The project's goal is coincident with the GOT goal of "promoting and protecting the health status of mothers and children." The project will achieve this by enhancing the opportunities of men and women to choose freely the number and spacing of children.

C. Project Purpose

The project purpose is to increase contraceptive acceptance and use. The project focuses directly on increasing contraceptive prevalence. Changes in national prevalence rates and increases in awareness of family planning will be measured in successive demographic and health surveys. In addition, changes in acceptance rates and the number of acceptors returning for resupply will be monitored on an on-going basis with program data.

The FPSS purpose is fully consistent with the African Bureau's mandate under the Development Fund for Africa (DFA) to concentrate resources on effecting change in the lives of beneficiaries--people level impact. Successful achievement of the purpose will affect directly maternal and child health as well as the economic and social circumstances of individuals and families.

D. Summary of Project Outputs

The FPSS project is composed of three distinct but inter-related outputs. Together these outputs address the critical constraints which currently inhibit increased use of family planning services.

Output 1: Expanded delivery of quality clinical family planning services

The principal focus of the FPSS will be on improving family planning service delivery in Tanzania and on motivating service providers to promote modern contraceptive methods and the public to accept them.

Constraints Addressed: Irregular and insufficient delivery of contraceptives to service points; inadequate training and motivation for service providers and supervisors.

Project Actions:

a. Contraceptive supply and logistics

The major suppliers of contraceptives in Tanzania during the life of the project will be UNFPA and USAID. IPPF, another traditional supplier, will be encouraged to continue providing contraceptives. UNFPA will procure injectables, foaming tablets, and certain brands of oral contraceptives to which current Tanzanian acceptors are accustomed. The FPSS will procure other oral contraceptives, IUDs, condoms, and any new contraceptives that the MOH determines should be introduced into the program. It is anticipated that the FPSS will meet 40-50% of Tanzania's contraceptive requirements during the life of project. The amounts to be procured will be determined annually in a joint government/donor meeting.

In the past, irregular distribution of contraceptives has led to stock-outs and leakage. UMATI was responsible for transporting contraceptives from the port to the regions, at which point RMOs were to handle distribution to the SDPs. In mid-1990, an Integrated PHC Commodities and Transport Committee was formed to develop an integrated approach to the transport of commodities of all the major PHC programs: EPI, EDP, AIDS Control, and FP. A decision was made that warehousing at EPI's headquarters in Mabibo would be expanded and that UMATI would transfer contraceptive distribution duties to the MOH. In the early years of the project the EPI/EDP programs will be responsible for delivery of contraceptives in the field. Project management will review the EPI/EDP arrangements during implementation to ensure it is the most efficient means of delivery.

For ease of distribution of various types of contraceptives from multiple donors, the FPSS will develop contraceptive kits, composed of UNFPA/IPPF and USAID contraceptives, for transport to the zones. Annual reviews of the kits will be undertaken to modify the composition or quantity, and to add new contraceptive technologies if desired by the MOH. Outside of the major urban areas, the FPSS will provide vehicles, spare parts, and some financial assistance to the EDP and EPI programs to enable them to distribute contraceptive kits from the zones to the same SDPs that receive EDP kits, as well as to district/regional hospitals. If needed, the FPSS will also provide funds to EDP for the leasing of additional zonal and district warehousing.

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In Dar es Salaam and possibly other major urban areas, contraceptive kits will be distributed along with pharmaceuticals by the MOH/City Council through a system being developed with the assistance of a new World Bank project. This project will also be sponsoring the upgrading of urban warehousing, so the FPSS will lease additional urban warehouse space only in the first years of the project.

In the later years of the project, kits may be made available to VHWS and TBAs for community-based distribution and to NGOs and private organizations. If the condom social marketing program, launched in Tanzania in mid-1990 with the assistance of AIDSCOM, proves successful, the FPSS project could also support the expansion of the social marketing program to include contraceptives during the latter half of the project.

b. Training and motivation

The front-line providers of FP services in Tanzania are MCH aides, standard seven leavers who have received 18 months of MCH/FP training. The other providers, nurses and medical assistants, are able to insert IUDs and may soon be able to prescribe Depo-Provera. The few doctors currently providing services are chiefly OB/GYNs who can perform tubal ligations and prescribe Depo-Provera. The MCHAs, who provide the bulk of the family planning services, have important child immunization, growth monitoring, and antenatal care duties which absorb most of their time and attention. Provision of family planning services is generally considered a secondary, largely unsupervised, activity. MCHA family planning clinical and communication skills levels are insufficient. Client counselling is usually done in groups; confidentiality is infrequently maintained. With no targets for family planning acceptors by SDP, little supervision, no reference materials, and no incentives, it is not surprising that FP service providers in Tanzania rarely promote FP actively.

Performance of the MCHAs, nurses and MAs is vital to the success of family planning efforts in Tanzania. The FPSS will assist the MOH and UMATI to build up skills and increase motivation of service providers. Beginning in 1989, USAID/T sponsored JHPIEGO to assist UMATI in improving FP teaching at pre-service Nursing and MCHA institutions, through refresher training of tutors and the provision of extensive teaching aids. The FPSS will continue to support the improvement of FP training at pre-service institutions, extending assistance eventually to include RMA and MA pre-service institutions as well. The FPSS will also provide assistance to the Faculty of Medicine at Muhimbili Medical Center to finalize a revised medical curriculum and introduce it to medical students and interns.

The FPSS will assist the MOH and UMATI to devise a training strategy, to develop job descriptions and service standards, to survey

prevailing attitudes to FP of service providers, to assess training needs, to develop training curricular and learning materials, to train zonal trainers, and to evaluate the results.

In order to improve service provider motivation, FPSS will promote the gradual phasing in of three approaches: regular and informed supervision; contraceptive prevalence target computation by SDP; and, perhaps, identification of some form of tangible recognition for superior performance. To enhance supervision at the clinic level, FPSS will assist the MOH to develop a clinic supervision and contraceptive technology update course expressly for clinic managers. To bolster clinic-level supervision, the FPSS will also encourage the MOH to designate a PHN in each district to serve as the district's FP Coordinator, whose main tasks will be to supervise FP service delivery and to monitor quality of care.

c. Contraceptive method mix

In Tanzania, it is presently estimated that more than 80 percent of the current acceptors of modern family planning use the pill. A broader method mix would enable more couples to use family planning.

Since 1989 USAID/T has supported the expansion of sites where voluntary surgical contraception via the minilap technique could be offered. UMATI, with the assistance of the Association of Voluntary Surgical Contraception, has so far equipped and trained staff at two consultant hospitals. Indications are that there may be unmet demand in Tanzania for voluntary surgical contraception. The FPSS will support the continued expansion of sites, beginning with the main consultant and regional hospitals, perhaps extending to NGO and district hospitals that express an interest in this service.

At the same time that doctor-nurse teams are being trained in clinical and counseling skills associated with VSC, they will also receive similar training in providing the IUDs. While acceptance of IUDs in Tanzania is still very low, experience at the Kilimanjaro Christian Medical Center demonstrates that active promotion by the nursing staff can raise the IUD acceptance rate among contraceptive users to the 30-40 percent level.

d. Private sector/NGO clinical services

In Tanzania, rapid population growth and urban migration have seriously eroded the capacity of health facilities to meet the demand for services. This has led to an overall deterioration of the quality of services offered and long waits to obtain basic MCH/FP services. To reduce absenteeism due to health reasons, many private and parastatal companies have introduced clinics on company premises to serve their employees and, in some cases, the general public living in close proximity to the company. In recent years, private and parastatal companies have expressed considerable interest in raising awareness of AIDS and FP, and providing sexually transmitted disease treatment and family planning services to employees at their clinics. Many have even offered to meet the recurrent cost of contraceptives.

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In 1989 and 1990, USAID/T provided funds to AIDSCOM and AIDSTECH to identify local private organizations to coordinate AIDS-in-the-workplace and STD control activities. By late 1990, several Tanzanian companies will begin training peer educators and upgrading clinical services. Presuming that these privately initiated activities proceed satisfactorily, the FPSS could support the incorporation of family planning into private and parastatal clinics in later years of the project.

Output 2: Enhanced Tanzanian Institutional Capacity

The component of the project that is most critical to long-run success and sustainability is the building of a highly motivated institutional capacity. A considerable amount of new activity is envisioned under the FPSS. Table III-1 outlines the proposed division of activities between MOH and UMATI. It is essential that the two institutions which will bear the brunt of the responsibility for program management and implementation--the MOH and UMATI--be expanded and assisted in meeting overhead costs until more sustainable methods are identified.

Constraints Addressed: Lack of staff and resources, insufficient management information systems, traditional values and beliefs and failure to reach men.

Project Actions:

a. The Ministry of Health

Overall project management, coordination, data compilation and analysis, monitoring and evaluating responsibilities will rest with the MCH MCH/FP Unit, though two FPSS components will be implemented by other MOH divisions under the aegis of the Assistant Chief Medical Officer/Preventive. Specifically, the Health Education Unit will be responsible for preparing FP IEC materials, the MCH unit for non contraceptive commodity supply, and the EDP/EPI programs for handling contraceptive kit logistics from the zones to the SDPs. FPSS will carefully monitor these units' performance in the project's first year of operations, so that appropriate materials and technical assistance can be supplied if needed. Figure III-1 outlines the relationships within the Department of Preventive Services

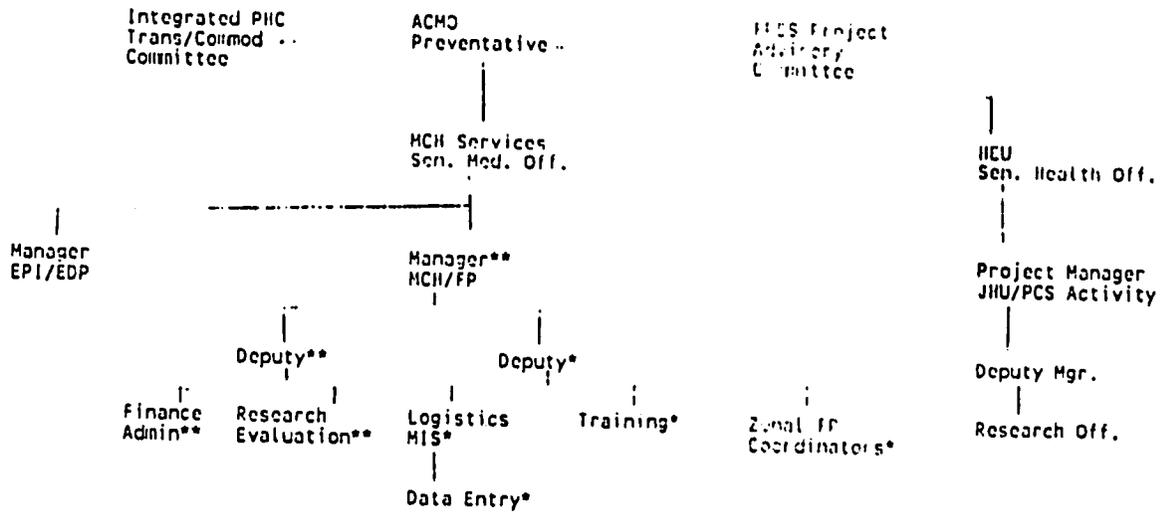
With regard to the new FP Unit, it is already apparent that it will require additional headquarters staff to handle all of the anticipated new responsibilities, as well as office space and equipment, and a field network to monitor and implement project activities and to provide feedback. The UNFPA project is funding the FP manager and three other professional staff. FPSS will support additional positions in the FP Unit in project management, training, data entry, and logistics coordination, to be filled in the first year of the project. Zonal FP coordinators will be added as the project's contraceptive logistics system develops. The proposed positions to be funded by FPSS are also presented in Figure III-1. Support for other staff will be considered over the life of project.

Table III-1

RESPONSIBILITIES OF MOH/UMATI FOR  
IMPLEMENTATION OF FPSS PROJECT ACTIVITIES

	MOH	UMATI
LOGISTICS	INTEGRATED FHC COMMODITY AND TRANSPORT COMMITTEE  CONTRACEPTIVE MANAGEMENT INFORMATION SYSTEMS WORKING GROUP  - Contraceptive forecasting - Warehousing (center/zone) - Delivery to zones - Distribution to SDPs (EPI) - Procurement and distribution of non-contraceptive - Design new MIS for service delivery and clinic inventory	- Contraceptive distribution to UMATI clinics, projects, and  and private sector  - Later: coordinate contraceptive social marketing
TRAINING	- Service standards & protocols - Dev't of training strategy and MIS - Curriculum/materials dev't for new courses in: FP communication, supervision, and contraceptive tech update - Implement supervision/incentive scheme in selected areas	- In-service trg. of trainers - Trg of institutional tutors - VSC trg and quality assurance - Trg of special sub-groups
IEC/RESEARCH COORDINATING COMMITTEE		
IEC	- Chair I/R Committee - Production of print materials for service providers and clinic clients  - Radio programs - Delivery of IEC materials to clinics	- Secretariat of I/R Committee - Dev't of interactive meeting materials for UMATI Coordinators and HOs (esp. targeted at men/youth)  - Trg in interactive IEC - Trg in interactive IEC - Regional seminars for Pop/District leaders (including IEC results dissemination)
OPERATIONS RESEARCH	- Dev't of FP operations research agenda - Sustainability studies	- Clearing house for FP research and dissemination (or National FP Center) - Evaluation of innovative FP approaches - Conduct selected IEC and contraceptive technology introduction studies  . Evaluation of FPS Project . DHS II Questionnaire Dev't
PRIVATE SECTOR		- FP sub-project development with selected private organizations - Training of service providers - Supply of IEC materials, equipment and contraceptives - Supervision and evaluation
MANAGEMENT AND DIST'L DEV'T	FPSS PROJECT ADVISORY COMMITTEE	
	- Strategic Planning - Hiring and trg of Zonal FP Coordinators - Designation and trg of District FP Coordinators - Dev't of staff trg plan and annual workplans - Dev't of overall FP program MIS	- Strategic Planning and determination of staff/resource requirements - Staff recruitment and trg - Strengthen supervision and trg of UMATI Coordinators - Dev't of staff trg plan  - Coordination of phasing of component project activities - Periodic review of assigned institutional roles/responsibilities

Figure III-1  
MOH DEPT. OF PREVENTIVE SERVICES



\*\* UNFPA Funded  
\* FPSS Funded

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Conditioned on the FP Unit's development of a staff training plan, short-term and long-term management and technical training will be provided. In addition, the FPSS will lease office space for the FP Unit until the NORAD financed National FP Center is constructed, and will provide office equipment such as computers both to the FP Unit and to the National FP Center.

b. UMATI

UMATI is a venerable NGO in Tanzania, with thirty years of experience and recognized accomplishment in the field of family planning. However, its central management is fully occupied by its current activities and those proposed under the new UNEPA project. To handle all of the new and ongoing responsibilities, field staff require more supervision, pilot activities must be regularly evaluated, financial accounting bolstered and fund-raising strategies re-thought. Under FPSS UMATI will implement important aspects of the project's training and IEC/research components, and possibly coordinate private sector activities.

To enable UMATI to determine staffing and resource needs over the duration of the project, the FPSS will support an UMATI-directed strategic planning exercise. If UMATI decides to broaden its management base by elevating some offices to the department levels, the FPSS would be able to support new field supervisory positions, a Director of Training, and new staff in the finance, training, research and IEC divisions. Based on the results of the strategic planning, the FPSS could also assist UMATI with office furnishings and equipment, both centrally and in the field.

It is anticipated that UMATI will present a proposal for FPSS funding within the first few months of project start-up detailing how it will implement planned project activities and the levels of institutional support required. The proposal should also discuss UMATI's long-term plans for broadening its resource base.

c. Information, education and communication

Although family planning services, integrated with MCH services, are now available in 70 percent of the health facilities of Tanzania, the acceptance of modern contraceptive methods is estimated at approximately 5 percent. The low acceptance rate is believed to result from stock-outs and untrained providers, but limited public awareness and motivation are clearly important factors as well.

In 1988 and 1989, USAID/T earmarked funds for the development of FP IEC materials by the MOH Health Education Unit, to be assisted by the Johns Hopkins University Population Communications Services. The sub-project will build up HEU's capacity to develop materials that draw attention to the availability of family planning clinical services. The FPSS will continue support to HEU throughout the life of the project, and will encourage materials development tailored to particular target groups--such as men and mothers-in-law.

UMATI field coordinators, of whom there will be more than fifty by the end of 1990, are the main motivators in the country. They rely largely on meetings and seminars to put forward FP messages and to encourage discussion. However, effective meeting oriented FP materials are lacking. The FPSS, will assist UMATI to upgrade its IEC unit and focus its efforts on identifying and developing, where needed, meeting-based materials, to be used by UMATI coordinators and other parties interested in community outreach.

As there is no national organization responsible for coordinating all FP KAP research, awareness-raising and information dissemination activities in the country, and because there are many organizations wishing to be involved, the FPSS will assist in the formation of an FP IEC/Research Coordinating Committee, with the MOH FP Unit as its chair and UMATI as its secretariat.

#### Output 3: Development of an Information Base

Having never performed a World Fertility Survey or a Demographic and Health Survey (DHS) in Tanzania, the GOT can only estimate national data for FP program development and management. Key indicators such as current and past contraceptive prevalence rates, average desired family size, and modern contraceptive methods awareness are approximate.

With FPSS assistance the GOT intends to develop systems for keeping track of contraceptive deliveries and shortfall, for determining continuing users and drop-out rates, and for monitoring the status of clinics' equipment, registers, IEC materials, and the like. FPSS will also support operations research on prevailing and alternative approaches to family planning service delivery so that the MOH will have the capacity to assess potential FP programmatic innovations which it will require in later years.

Constraints Addressed: Insufficient technical and policy information for family planning decision-makers, planners, and implementors.

#### Project Actions:

##### a. National Information-Gathering and Analysis

USAID/Tanzania has previously earmarked funds for a national DHS which will be fielded in mid-1991 by the Bureau of Statistics at the Planning Commission. This survey has been expanded to be able to include male informants and provide regional estimates of some of the indicators, and FPSS will provide additional funds needed to carry out this survey, disseminate DHS findings to regional policy-makers and opinion leaders, and develop and distribute DHS teaching modules to tutors in health institutions.

Among other things, the DHS will set baselines for contraceptive forecasting and for IEC materials development. Further analyses will be commissioned to confirm or disprove findings in particular localities, to determine the underlying reasons for the practices enumerated, and to probe attitudes and fears. The wide dissemination of the DHS is intended to serve other purposes as well, such as to sensitize leaders and service providers about the public's present health status, practices, opinions, and concerns, and to highlight any gender differences.

The FPSS will support the fielding of a second DHS by the Bureau of Statistics in 1995. The 1995 DHS will again survey both women and men from every region in Tanzania, in numbers large enough to provide regional estimates of all major demographic and health indicators. The main purpose of this DHS is to enable the MOH to assess the impact of four years of intensive FP program activities. Upon completion of the second DHS results will be widely disseminated and discussed; and teaching modules for health institutions will be updated.

b. Management information systems

The FPSS will assist the MOH to develop, implement, evaluate, and use a national family planning information system for program management and modification purposes. The system will be streamlined to provide information directly from districts to the central FP Unit, which will be responsible for compiling, computerizing, summarizing and analyzing the data. The summaries and analysis will be presented at FP Project Advisory Committee meetings to guide program review and modification. They will then be relayed back to zonal FP coordinators, PMOs, DMOs, RMCH/FP and DMCH/FP coordinators and UMATI coordinators.

i. contraceptive sentinel surveillance

Currently, the EDP maintains a sentinel reporting system in which two dispensaries and one health center in each district (more than 300 facilities) submit a one-sheet commodity report monthly. The information included on this form is the same as that needed for contraceptives and a similar form is contemplated for inclusion in contraceptive kits to be sent back to the central level with the EDP form. Compilation of this information would enable the MOH to see where shortfalls are occurring, and to modify the amount or composition of contraceptive kits if necessary.

ii. MCH/FP service delivery information

The sentinel system provides information only to measure success in distribution of contraceptives. To develop contraceptive projections and monitor FP program performance, the FPSS will assist the MOH to obtain better service delivery information as well. This information would also assist in setting contraceptive prevalence targets for each SDP.

iii. annual clinic inventory exercise

Clinics can fail to offer quality FP services because they lack basic equipment and furniture, informational materials, storage space,

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client cards or privacy. In order to deal with these deficiencies, the first step is to obtain reliable information on the status of facilities offering FP services in the country. On the basis of inventories, the MOH will be better able to evaluate options for procurement of essential non-contraceptive commodities.

#### c. Operations Research

Limited family planning operations research is being carried out in a few private factories by the Tanzania Occupational Health Services, with the assistance of the Population Council, and in several rural areas by GTZ. For the MOH's FP Unit to be able to evaluate its activities and introduce innovations over the years, it needs to be able to commission local researchers to undertake FP operations research. The FPSS will support operations research activities at the new National FP Center.

#### E. Project Phasing

As the FPSS is intended to be the first installment of a 20-year program of USAID assistance to the Tanzanian family planning services sector, it is important that the project devote considerable time in its initial stages to laying the groundwork for this long-term support. The project assumes a careful, exploratory approach to development of the family planning program. The emphasis on building a better data base and monitoring and testing activities is important. The drafting and approval by all of the principal participants of annual workplans will require careful review and consideration of the state of play of family planning activities.

The project will focus first on: a) building up MOH/UMATI institutional capacity to plan, manage, supervise, and evaluate the national FP program; b) setting up and managing the necessary Committees and Working Groups to develop information systems, curricula/learning materials, and IEC/research agendas; c) preparing for and initiating FP commodity warehousing, packaging, distribution, and accountability; and d) coordinating and evaluating ongoing USAID-supported activities in IEC, voluntary surgical contraception, DHS, nurse-tutor and medical school training, and contraceptive procurement. Certain activities such as contraceptive supply and distribution of IEC materials will operate from the beginning on a national scale; other activities such as service provider training, extension of VSC, and initiation of CBD will begin in zones of greatest demand and be gradually extended.

As the necessary management and informational infrastructure is developed, the FPSS will concentrate on improving the quality of FP Services at existing government health facilities focusing on zones where the demand for family planning services is greatest. During this phase, major project activities will shift to: a) forecasting and monitoring contraceptive supplies by SDPs; b) commencing family planning supervisory training for clinic managers and introducing incentives for providers; c) disseminating IEC materials and non-contraceptive commodities to clinics; and d) using service delivery information to analyze problems and set acceptor targets.

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During this phase, it is also expected that the FPSS will extend VSC services to more regional hospitals to increase options for clients, extend institutional tutor training to RMA/MA schools, commence operations research of service delivery approaches, and develop limited non-clinical materials. At the end of year four, a comprehensive mid-term evaluation will be conducted to determine progress in these areas.

Provided that the FPSS is moving forward as planned, the last phase of the project will extend FP Service delivery efforts at government clinics in additional zones and at private/NGO health facilities. During this phase, it is possible that the FPSS will also expand condom social marketing (begun in 1990) to include contraceptives. In areas where clinical services have been considerably enhanced, CBD may be piloted. Sustainability of logistics and information systems nationwide will be a major concern. By means of a second DHS, which should yield results in year six, program impact will be evaluated and planning for the next phase of USAID assistance will begin.

#### F. Beneficiaries

In the past, the beneficiaries of family planning services and information have largely been married women. Youths were excluded and male involvement was not directly targeted. Moreover, erratic contraceptive supply, lack of trained health workers, and a dearth of information restricted even married women from receiving regular family planning services.

In the first half of the project, the focus will be on the improvement of existing government MCH clinics. The primary beneficiaries will therefore be women who have already started a family and are attending MCH clinics. However, during the second half of the project, which is anticipated to involve expansion of services to the workplace and possibly at the community level, and through the IEC campaign, the pool of direct beneficiaries will include more unmarried people and men. If the project does expand into the private sector, other direct beneficiaries will be companies through reduced amounts of maternity leave and/or sickness. The higher quality of FP services and information is expected to lead to significantly increased participation of all Tanzanians, regardless of age, sex, or economic status.

#### G. Key Assumptions

The success of the FPSS depends on the validity of a series of assumptions listed in the Logical Framework. Here attention is drawn to three of the more critical assumptions.

1. Demand for family planning services exceeds supply

Available evidence, though incomplete, indicates that the demand for family planning services is sizable and growing. This explains the FPSS strategy of emphasizing the delivery of accessible, safe family planning services at the clinic level and the limited role of IEC activities in the project's early years.

2. Performance of MCH Aides is critical to increasing contraceptives prevalence

The MCH aides are the first and principal contacts for the majority of clinic visitors. Their attitude and expertise in family planning matters is therefore absolutely essential. The FPSS will focus on raising the status of family planning services in comparison with other health services. Devising the means to motivate MCH aides, and their supervisors to devote more attention to family planning, is critical to raising contraceptive prevalence.

3. Continuing positive family planning policy environment

Maintaining momentum in support of family planning requires aggressive leadership on the part of Tanzania's political leaders, opinion-makers and technical cadres. Indeed, the present positive environment will need to be strengthened in future years as current unmet demand is satisfied and new demand must be generated. This commitment must also extend to increasing allocations of public resources to family planning, encouragement of the private sector and development of other means for sustaining the effort.

H. Role for Non-Project Assistance

Non-project assistance is provision of a resource transfer in exchange for new policy and procedural reform, or implementation of already agreed upon reforms. It is USAID/Tanzania's judgment, based on analysis to date, that no major policy or procedural impediments currently constrain the family planning sector. Both the MOH and UNATI have demonstrated the willingness to achieve stated objectives but face severe capacity constraints from within and without. In other words, this project must focus initially upon service delivery and capacity building as the core of project implementation.

The early years of the project will be focused on implementing this approach and identifying other constraints to family planning service delivery. During this process, problems may arise which suggest the use of NPA as a means to further policy or procedural change needed to achieve the GOT's sector goals. It is therefore appropriate to build the examination of an NPA mechanism into the mid-term project evaluation. At that time the budget would be reassessed as well. It is probable that specific and detailed institutional changes, regional and district procedures, and GOT fee and revenue policy options will arise as implementation progresses and that NPA may be an appropriate instrument to effect agreement and implementation.

TABLE III-2  
PROJECT LOGFRAME

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>GOAL</u></p> <p>To improve the health and well being of women and children by enhancing the opportunities to choose freely the numbers and spacing of children.</p>	<p>Decreases in maternal, infant and child mortality rates.</p>	<p>Medical records, demographic and health surveys.</p>	<p>Increased use of family planning leads to better health for women and children.</p>
<p><u>PURPOSE</u></p> <p>To increase contraceptive acceptance and use.</p>	<ol style="list-style-type: none"> <li>1. A cumulative increase in contraceptive prevalence rate of one percent per year beginning in year two;</li> <li>2. A fifty percent increase in the number of acceptors returning for resupply</li> <li>3. A doubling of the number of Tanzanians who are aware of family planning and know about at least one modern method of contraception.</li> </ol>	<p>Baseline and subsequent DHSs. Contraceptive MIS, records kept at clinic, district, region and national level. KAP and Other Special Studies. Project evaluations.</p>	<ol style="list-style-type: none"> <li>1. The provision of accessible, safe, acceptable family planning services will lead to increased adoption and effective use of contraceptives by Tanzanians.</li> <li>2. Improvement in family planning services and information will be initiated strategically in areas of greatest need so that gains in service availability will be reflected in increases in contraceptive prevalence.</li> </ol>

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TABLE III-2  
PROJECT LOGFRAME

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><b>GOAL</b></p> <p>To improve the health and well being of women and children by enhancing the opportunities to choose freely the numbers and spacing of children.</p>	<p>Decreases in maternal, infant and child mortality rates.</p>	<p>Medical records, demographic and health surveys.</p>	<p>Increased use of family planning leads to better health for women and children.</p>
<p><b>PURPOSE</b></p> <p>To increase contraceptive acceptance and use.</p>	<ol style="list-style-type: none"> <li>1. A cumulative increase in contraceptive prevalence rate of one percent per year beginning in year two;</li> <li>2. A fifty percent increase in the number of acceptors returning for resupply</li> <li>3. A doubling of the number of Tanzanians who are aware of family planning and know about at least one modern method of contraception.</li> </ol>	<p>Baseline and subsequent DHSs. Contraceptive MIS, records kept at clinic, district, region and national level. KAP and Other Special Studies. Project evaluations.</p>	<ol style="list-style-type: none"> <li>1. The provision of accessible, safe, acceptable family planning services will lead to increased adoption and effective use of contraceptives by Tanzanians.</li> <li>2. Improvements in family planning services and information will be initiated strategically in areas of greatest need so that gains in service availability will be reflected in increases in contraceptive prevalence.</li> </ol>

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<b>OUTPUTS</b>			
1. Delivery of quality family planning services expanded.	1. Majority of the MCH Centers and at least 20 private or parastatal health facilities with access to long-acting methods of contraception including voluntary sterilization.	Field reviews, situation analyses, COMIS & training MIS, program records, and statistics. Contraceptive management information system and field reviews.	1. A positive policy and program environment for family planning will continue to exist in Tanzania and the GOT will allocate increased resources to family planning over the life of the project.
2. Tanzanian Institutional capacity enhanced.	2. Reliable national contraceptive supply, distribution and reporting system. 1. An on-going system for pre- and in-service FP training for supervisors and providers with instructors and FP providers trained from a majority of districts. 2. FP informational materials for managers providers and clients available at a majority of the FP Sites. 3. Sustainability strategy developed.	Review of training systems, records and interviews with central and field managers. Review of records and site visits.	2. Improvements in knowledge about family planning issues, strategies for service delivery, training and other support and associated costs and benefits will be used for more effective programming and increasing sustainability. 3. Means of supporting, supervising and motivating family planning service providers can be identified and implemented.

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>OUTPUTS</p> <p>3. Information base developed.</p>	<p>1. An on-going process of providing information on key family planning issues to national, regional and local leaders and opinion-makers.</p> <p>2. A Functioning MIS provides information for decisions about family planning policy, priorities, resources allocations, and sustainability.</p>		

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><b>INPUTS</b></p> <p style="text-align: right;">\$(000)</p> <p>Consultancies</p> <p>    Tanzanian - \$ 1,200</p> <p>    Other - \$ 2,650</p> <p>Training - \$ 2,780</p> <p>Commodities - \$ 7,850</p> <p>Institutional Support - \$ 770</p> <p>Research/Eval - \$ 2,640</p> <p>AID Mgt - \$ 1,050</p> <hr/> <p>Subtotal - \$18,940</p> <p>Contingency - \$ 1,060</p> <hr/> <p><b>TOTAL - \$20,000</b></p> <p style="text-align: right;">=====</p>	<p>Project Budgets.</p>	<p>Inspection, audits, evaluations. Project Implementation reports.</p> <p>Administrative and program records at MOH, UMATI and USAID.</p>	<ol style="list-style-type: none"> <li>1. Other donors will continue FP support.</li> <li>2. Key staff for the MOH and UMATI can be expeditiously identified, hired and provided with the resources necessary to manage and implement project-assisted activities.</li> <li>3. Other project-financed inputs as well as the family planning resources provided by the GOT, UMATI and other donors can be approved and provided in a timely manner.</li> </ol>

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#### IV. COST ESTIMATE AND FINANCIAL PLAN

##### A. Cost Estimate

The total cost of the Family Planning Services Support Project is \$ 21.75 million. This estimate is based on the assumption that \$ 20 million will be provided by A.I.D. and \$ 1.75 million equivalent will be contributed by the GOT. The total A.I.D. and GOT contribution represent 92 percent and 8 percent respectively of total project costs. A waiver of the 25 percent host country contribution has been granted by the AA/AFR and is contained in Annex G.

Table IV-1 presents a summary of estimated costs and a financial plan broken out in the general categories of consultancies; training; commodities; institutional support; and monitoring and evaluation. Table IV-2 presents a breakout of the expenditure by project elements. Cost estimates were based on mid project costs that assumed an annual inflation rate of about 5 percent, there is also an allowance of about 5 percent for additional inflation and contingencies.

An exchange rate of 192 TSh. is used to estimate the U.S. Dollar equivalent for local currency costs. The TSh. is expected to be further devalued over the next few years and approach the free market rate in accordance with the GOT's Economic Reform Program. This should reduce in some measure the dollars used to finance incountry costs such as per diems and salaries.

The cost estimate and financial plan are based on detailed cost analyses done as part of the technical studies. USAID has determined that the project cost estimates are reasonably firm for the the project elements. Thus the requirement of FAA 611, (a)(1) has been satisfied.

##### B. Funding Mechanism

An initial obligation of \$ 3.04 million will be made in FY 90 and subsequent obligations are planned at the rate of approximately \$ 4-5 million per year over the next 3-4 years. The grant agreement will be signed for the Government of Tanzania by the Ministry of Finance with the Ministry of Health as the implementing agency. There will be provisions for subgrants under the overall agreement to NGOs such as UMATI.

##### C. Financial Plan

The major project components and cost estimates for each element of the Project follow:

TABLE IV-1  
SUMMARY OF COST ESTIMATE  
AND FINANCIAL PLAN (000)

	AID			GOT (1)			Total		Grand Total
	FX	LC	Subtot	FX	LC	Subtot	FX	LC	
Consultancies									
Tanzanian	\$ 0	\$1,200	\$1,200	\$0	\$0	\$0	\$0	\$1,200	\$1,200
Other (2)	2,650	0	2,650	0	0	0	2,650	0	2,650
Training	530	2,250	2,780	0	100	100	530	2,350	2,880
Commodities	6,700	1,150	7,850	0	100	100	6,700	1,250	7,950
Institutional Support to Tanzania	0	770	770	0	1,400	1,400	0	2,170	2,170
Research/Mon/Eval	1,500	1,140	2,640	0	50	50	1,500	1,190	2,690
AID Mgt	1,050	0	1,050	0	0	0	1,050	0	1,050
Subtotal	12,430	6,510	18,940	0	1,650	1,650	12,430	8,160	20,590
Contingency, Inflation	710	350	1,060	0	100	100	710	450	1,160
Total	\$13,140	\$6,860	\$20,000	\$0	\$1,750	\$1,750	\$13,140	\$9,610	\$21,750
Percentage			92.0%			8.0%		60.4%	39.6%

(1) GOT contribution will be in Tanzanian Shillings equivalent to this dollar amount.

(2) Includes all non-Tanzanian Consultancies.

TABLE IV-2  
PROJECT FINANCING (000)

<u>ACTIVITY</u>	<u>AID</u>	<u>GOT</u>	<u>TOTAL</u>
Contraceptives, Logistics MIS	\$7,570	\$300	7,870
Institutional Development	1,470	250	1,720
IEC	1,680	300	1,980
Training	2,225	550	2,775
Research, Monitoring & Eval.	2,640	50	2,690
Private Sector	1,005	100	1,105
Voluntary Surgical Contraception	1,300	100	1,400
Contingency and Inflation	1,060	100	1,160
AID Management	1,050	0	1,050
Project Total	\$20,000	\$1,750	\$21,750

1. Consultancies	\$ 3,350,000		
Long term			
1. Management Specialist		-	35 PM
2. *Administrative Officer		-	60 PM
	Total		<u>95 PM</u>

\* Tanzanian Personnel

Short-term			
		TAIZANIAN	OTHER
Logistics, MIS	-	65 PM	50 PM
Institutional Development	-	25 PM	10 PM
IEC	-	15 PM	10 PM
Training	-	50 PM	30 PM
Private Sector	-	15 PM	10 PM
VSC	-	30 PM	5 PM
	Total	<u>200 PM</u>	<u>115 PM</u>

2. Training - \$ 2,880,000

The project supports two types of training. The most extensive is the training included in the Training component, whose objective is to develop the capacity at regional and district levels to instruct service providers. However training to increase management and technical FP skills is included in the other project components.

a) Short Term Training (U.S. or third Country) Approximately 65 person months of short term training will take place either in the U.S. or in a third country as follows:

Logistics - MIS	-	10 PM
Institutional Development	-	25 PM
IEC	-	10 PM
Training	-	15 PM
Private Sector	-	5 PM
	Total	<u>65 PM</u>

Courses will include accounting, administration and management, budgeting, personnel management, management of contraceptive stocks, logistics and management information systems, micro computers for health and family planning, family planning motivational techniques, creative message development and media planning, impact evaluation, contraceptive technology updates, and training skills development.

b) Short term (in country)

Approximately 660 person months of short term training and workshops will be financed in country.

TRAINING:

a. Development of Service Standards and Protocols	-	5 PM
b. Training Strategy Development	-	5 PM
c. Development of Training Curricula	-	10 PM
d. Training Zonal/Regional Managers	-	10 PM
e. Preceptor training*	-	200 PM
f. Training skill development	-	25 PM
g. Training for interns	-	30 PM
VSC	-	50 PM
DHS	-	100 PM
INSTITUTIONAL DEVELOPMENT	-	25 PM
MIS	-	100 PM
IEC	-	100 PM
		660 PM
Total		

\* The FPSS will train trainers at the regional and district levels. Training of 5,200 service providers is funded under the UNFPA activity.

3. Commodities - \$ 7,950,000

A procurement plan, Table IV-3, breaks out the major commodity purchases in more detail along with cost information, quantities, source, and procurement responsibility.

4. Institutional Support - \$ 2,170,000

The largest portion of this cost constitutes a COT contribution of \$ 1,400,000. This figure assumes that by the end of the project the approximately 6,000 personnel at the health center and dispensary level spend 10 percent of their time on FP activities. It also includes proportional costs of building maintenance, transport, fuel and clinic supplies cost. Cost estimates were based on the most current COT health sector budget data.

The AID contribution of \$ 770,000 is broken out as follows:

a. support to the FP Training Center	\$ 100,000
b. personnel costs at MOH including a Deputy Program Manager; Logistics and MIS Officer; Training Officer; Data Entry Clerk, Zonal FP Coordinators	\$ 250,000
c. personnel costs at UMATI for Managers IEC; Training, Research; one accountant, one clerk	\$ 175,000
d. personnel costs for a Project Manager; and Monitoring and Evaluation Officer for the Private Sector Component	\$ 75,000

TABLE IV-3  
PROCUREMENT PLAN

ITEM	QUANTITY	COST	PROCUREMENT SOURCE RESPONSIBILITY		TIMING
<b>CONTRACEPTIVES, LOGISTICS AND MANAGEMENT INFORMATION SYSTEMS:</b>					
<b>1. Contraceptives</b>					
a. Orals	26 million	\$ 4,000,000	A.I.D	U.S.A	Yearly
b. IUDs	165,000	\$ 150,000	A.I.D	U.S.A	Yearly
c. Condoms	15 million	\$ 850,000	A.I.D	U.S.A	Yearly
<b>2. Vehicles</b>					
a. Suzuki Single Cab	20	\$ 270,000	SEATS	Free World	1991,1993
b. Ten ton truck	1	50,000	SEATS	Free World	1991
c. Mobile Maintenance Units	2	\$ 100,000	SEATS	Free World	1992
<b>3. Computers, Software</b>	2	\$ 28,000	SEATS	Free World	1991,1993
<b>4. Desks, Chairs</b>	1,000	\$ 100,000	SEATS/MOH	Tanzania	Yearly
<b>5. Cupboards</b>	1,000	\$ 92,000	SEATS/MOH	Tanzania	Yearly
<b>TRAINING:</b>					
1. Clinic Screens	1,000	\$ 40,000	SEATS/MOH	Tanzania	1991,1994,1996
2. MCH Kits	1,000	\$ 50,000	SEATS	U.S.A.	1991,1994,1996
3. Practicum Site eqpt.	250	\$ 12,500	SEATS/MOH	Tanzania	1991,1994,1996
4. Computer, Printers, Software	1	\$ 15,000	SEATS	Free World	1991
<b>5. Teaching Aids:</b>					
Posters	2	\$ 25,000	SEATS	Tanzania	1992,1994,1996
Models	125	\$ 7,500	SEATS	Tanzania	1992,1994,1996
Refr. Texts	500	\$ 6,000	SEATS	Tanzania	1992,1994,1996
<b>6. Flipcharts</b>	250	\$ 5,000	SEATS	Tanzania	1992,1994,1996
<b>7. Vehicles:</b>					
a) Minibuses	2	\$ 60,000	SEATS	Free World	1991,1993
b) Suzukis	2	\$ 26,000	SEATS	Free World	1991,1993
<b>EQUIPMENT FOR TEACHING AND REGIONAL HOSPITALS:</b>					
IUD kits	26	\$ 5,000	SEATS	U.S.A	1991,1992
Pelvic models	25	\$ 12,500	SEATS	U.S.A	1991,1992
Slide Projectors	20	\$ 20,000	SEATS	Free World	1991,1992
O/H Projectors	20	\$ 20,000	SEATS	Free World	1991,1992
Transparencies	20	\$ 1,400	SEATS	Free World	1991,1992
Video Players	4	\$ 4,800	SEATS	Free World	1991,1992
Videos	12	\$ 600	SEATS	Free World	1991,1992
Projector Screens	4	\$ 2,000	SEATS	Free World	1991,1992
Computer	1	\$ 15,000	SEATS	Free World	1991

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ITEM	QUANTITY	COST	PROCUREMENT RESPONSIBILITY	SOURCE	TIMING
<b>IEC:</b>					
Vehicles	6	\$ 66,000	JHU/PCS	Free World	1991,1995
Tape recorders	8	\$ 800	JHU/PCS	Free World	1991
Photocopy Machine	1	\$ 3,500	JHU/PCS	Free World	1991
Portable Generators	4	\$ 4,000	JHU/PCS	Free World	1994
Posters		\$ 150,000	MOH/JHU/PCS	U.S.A., Kenya, Tanzania	1992,1994,1995
Leaflets		\$ 450,000	MOH/JHU/PCS	U.S.A., Kenya, Tanzania	1992,1994,1995
Kangas, buttons, bags		\$ 20,000	MOH/JHU/PCS	Tanzania	1992,1994,1995
Films		\$ 50,000	JHU/PCS	Free World	1992
<b>INSTITUTIONAL DEVELOPMENT:</b>					
Computers, software	2	\$ 30,000	SEATS	Free World	1991,1992
<b>PRIVATE SECTOR:</b>					
Vehicles	1	\$ 20,000	SEATS	Free World	1993
Clinical Eqpt	25 sites	\$ 50,000	SEATS	U.S.A.	1993-1996
Contraceptives					
Orals	100,000	\$ 15,000	A.I.D.	U.S.A	1993-1996
IUDs	2,200	\$ 2,000	A.I.D.	U.S.A	1993-1996
Condoms	270,000	\$ 15,000	A.I.D.	U.S.A	1993-1996
<b>VSC:</b>					
Sterilizer	25 sites	\$ 100,000	AVSC	U.S.A	1992-1996
Operating table	25	\$ 45,000	AVSC	U.S.A	1992-1996
Exam table	25	\$ 17,000	AVSC	U.S.A	1992-1996
Operating lamp	25	\$ 18,000	AVSC	U.S.A	1992-1996
Medical kits	100	\$ 15,000	AVSC	U.S.A	1992-1996
Resuscitator	25	\$ 10,000	AVSC	U.S.A	1992-1996
Air conditioner	15	\$ 7,500	AVSC	U.S.A	1992-1996
Miscellaneous Hosp. eqpt.	25	\$ 50,000	AVSC	U.S.A	1992-1996
Surgical masks, gauze pads, boots, uniforms, stretchers IV set and fluids, linen, drapes, syringes	25	\$ 100,000	AVSC	Tanzania	1992-1996

- |  |              |
|--|--------------|
| e. VSC personnel cost; clinic renovations;<br>and support costs: | \$ 70,000    |
| f. Warehouse leasing costs                                       | \$ 100,000   |
| 5. Research, Monitoring and Evaluation                           | \$ 2,690,000 |

This activity includes the second DHS study, two program evaluations, operations research, situational analyses, CBD analyses, project audits and financial management assessments of NGOs. Detailed cost information will also be developed for the delivery of family planning services which will form the basis for discussions with the GOT on the long term measures necessary to sustain the family planning program.

6. AID Management - \$ 1,050,000

A senior PSC Population Officer will be funded to manage USAID's activities during the seven year life of the project.

#### D. Methods of Financing

The overall budget estimates for this project were developed in detail during project design. The financial and program management capabilities of UMATI and MOH were assessed and support for strengthening these organizations has been included in the budget. Annual financial reviews will be required from UMATI and MOH. Funds will flow from the project in several ways including:

- 1) Contracts with cooperating agencies;
- 2) Subgrant agreements with UMATI and other NGOs;
- 3) Direct A.I.D. purchase of contraceptives;
- 4) Direct disbursement to MOH special accounts for warehousing, salaries, office rental, and locally available commodities.

All PIOs will be cleared by the MOH as the Grantee. The USAID Controller's Office will maintain detailed financial information throughout the life of the project. Table IV-4 provides more detail on fund disbursement procedures.

#### E. Project Sustainability

**"UMENIACHA KWENYE MATAA!"**

You have left me at the (Ubungo) traffic lights!

Government officials are correctly concerned that a major donor project be adequately funded for the duration of the project life and that project-initiated activities be sustainable well beyond the period that assistance is provided. Not to be able to point to assured funding

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TABLE IV-4  
FUND DISBURSEMENT PROCEDURES

Type of Assistance		Method of Implementation	Method of Financing	Responsible Entity
Consultancies:		a. PIO/T, Direct AID Contract with CAs.	Direct L/COM (1)	AID/W Contracts
		b. PIO/T, Subgrant agreement with NGOs	LOC-TPCS (2) Direct Payment	REDSO Contracts
		c. PIO/T, Direct AID Contract	Direct L/COM, Purchase Order	USAID/EXO
Commodities:	Contraceptives	PIO/C to S&T POP	Direct L/COM	AID/W Contraceptive Procurement Project
	Other Commodities:	- PIO/C	Purchase Order	USAID/EXO
		- purchased thru contracts negotiated with CAs	Direct L/COM	CAs
		- PIO/C	Direct L/COM	RCO Or PSAs
		- previously negotiated Subgrant agreements	Direct Payment	Grantee
		- Project Special Account at MOH	Direct Payment	MOH
Training:	U.S. - Third Country	- PIO/P	Direct Payment	USAID Controller
		- thru contract with CAs	Direct Payment	CAs
	Incountry	- previously negotiated Subgrant agreements	Direct Payment	Grantee
Institutional Support:		- previously negotiated Subgrant agreements	Direct Payment	Grantee
		- Thru CAs contract	Direct L/COM	CA
		- Project Special Account at MOH	Direct Payment	MOH

1) L/COM = Letter of Commitment.

2) LOC-TPCS = Letter of Credit - Transfer of Federal Cash Status.

for staff and services not only threatens project viability but may undercut the initial development phase of the project in the first place. Therefore, in order that the Ministry of Health and UMATI be assured that they will not be "left at the traffic light," not be left in the lurch so to speak, the matter of sustainability must be built into this project from the outset.

The matter of sustainability over the course of the twenty year USAID planning period is predicated on an ever-increasing governmental, political and budgetary commitment to family planning in response to popular demand. Requests for family planning will grow with the delivery of quality services and with the realization that child spacing provides important health and economic benefits to the family. Within the space of the seven-year life of this first grant, we expect a marked increase in individual families' desire for child spacing. While the task of meeting this demand and establishing the basis for sustainability rests with government, donors can play an important role.

As donor coordination improves and with a greater appreciation by donors for Tanzania's commitment to effective service delivery, USAID expects, and will work towards, donor support for the expansion of the National Family Planning Program. Both governmental and donor, as well as private sector and citizen, support for family planning sustainability however must be planned for from the outset.

This is a project designed to strengthen Tanzanian institutions and, with time, to significantly reduce the amount of outside technical assistance and financial resources necessary to sustain family planning activities from the outset. USAID stresses this point to make clear that a commitment to sustainability is not only reflected in resource issues, but also in A.I.D.'s decision to play only a supporting role for what is a Tanzanian social goal and capacity building responsibility.

As part of this process resource requirements for NGOs and MOH will be developed. Plans will be developed to identify resources for each element of this program, from domestic revenues, user fees, other cost recovery and cost sharing techniques, and the donor community.

The objective is to plan a sustainable Tanzanian family planning program within the long-term time frame of twenty years. In other words, by the end of this period, governmental resources, fees, other cost recovery techniques, and the role of the Tanzania private and NGO sectors should meet the demands of quality family planning delivery, with limited outside concessional assistance.

Within the first years of the seven year time frame of this grant, the project will fund those studies and analyses that identify governmental budget requirements, and the relevant policies and procedures governing such requirements as staff, fees, the role of the private and NGO sectors. The potential role for other donors will be defined and projected. In addition to being an activist in donor coordination, A.I.D., with Ministry of Health guidance and concurrence, will seek additional parallel financing from other donors for family planning projects.

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## V. IMPLEMENTATION PLAN

### A. Responsibilities

#### 1. Introduction

In designing the management structure and implementation schedule for the project, special attention has been paid to providing MOH, UMATI and USAID/Tanzania with the necessary technical and administrative resources and time required to coordinate, implement and manage a broad new program in support of the Government of Tanzania's National FP Programme. This has implications for staffing, the proportion of project funds used for capacity building versus direct family planning service delivery, and project achievements and outputs. It reflects the Africa Bureau's policy emphasis on capacity building; USAID and GOT commitment to the management of the program by Tanzanian institutions; and local resources. It also reflects lessons learned from worldwide family planning assistance on the need for a broad constituency and institutional base for population and family planning; attention to supervision, quality of care, method mix and informed choice in service delivery and a phased approach to service expansion which builds upon experience and lessons learned.

In Tanzania, the breadth of the planned GOT family planning program and the substantial support already pledged by other donors makes the coordination and planned use of limited local resources particularly important. Implementation of A.I.D. support for the national program involves several Tanzanian, donor and technical assistance agencies. This makes an annual review and planning process essential. MOH and UMATI already have substantial family planning responsibilities which stretch the capabilities of their current staffs. Both organizations have had very limited experience with USAID-financed assistance. The project provides for staff additions, training and logistical support.

USAID and the GOT are committed to a process of ensuring that Tanzanian institutions play the lead role in implementing and managing the national population program. Implementing a substantial effort of the magnitude of this project requires:

- . considerable dialogue;
- . joint analysis and review of options, organizational mandates and operational systems;
- . joint participation in working committees and advisory boards;
- . a structured and on-going process of identifying issues, resource needs and responsibilities resulting in the joint review of annual workplans and budgets; and
- . substantial consultancies and training.

2. Government of Tanzania and Other Concerned Tanzanian Organizations

a. Coordination

The MOH in its capacity as the GOT implementing agency has primary responsibility for the coordination of all project activities. In this regard the MOH will designate an individual acceptable to USAID to act on its behalf as the principal Coordinator for all project activities. This individual will be advised by a Project Advisory Committee (PAC). The PAC was established during the design of the project and will continue to provide technical assistance and oversight in the implementation of the project. Committee membership includes the MOH Assistant Chief Medical Officer, Preventive Services; the Senior Medical Officer, MCH/FP Unit; and National Project Director National FP Programme; the Principal Nursing Officer; the Director of the Population Planning Unit, Planning Commission; the Director, Health Education Unit, MOH; the Director of UMATI; the UNFPA Director and the USAID Mission Director. As the project is initiated this membership will be reviewed to determine if there are key areas where further participation is needed. The PAC will have overall responsibility for ensuring that project activities support the National FP programme and are coordinated with other GOT, private and donor-financed family planning activities.

The Project Advisory Committee will also participate on the Government's behalf with UMATI, USAID, and other concerned donors in annual reviews of progress to-date in order to coordinate USAID, UNFPA and other donor assistance with the National FP Programme and ensure timely approval of project activities and procurements. The PAC will also monitor the policy context. The first review of the calendar year will be scheduled to coincide with the project reviews already established by UNFPA in coordination with the GOT budget cycle. This will focus on the review and approval of the next year's proposed operational workplan. This workplan will contain all proposed A.I.D.-financed activities in technical assistance, training, commodity procurement and other program support in conjunction with planned UNFPA/MOH family planning and UMATI family planning activities. It will be a joint product of MOH, UMATI and assisting cooperating agencies.

In addition to the overall coordinating committee, four technical working groups have been or will be established to provide technical guidance and coordinate inter-agency efforts in specific areas. These include the Integrated Primary Health Care Transport and Logistics Committee which is working out how to combine the storage and transport of contraceptives and other family planning supplies with the on-going systems for EPD and EPI; The Contraceptive Management Information Systems, (COMIS), Working Group which will link contraceptive supplies to service delivery needs; the IEC Committee which will coordinate efforts of the Institute for Adult Education, UMATI and the MOH Health Education Unit and advise an implementation of the FPSS IEC component; and a Training Committee to develop the core training team and training of trainers strategy.

b. Program Implementation

Primary responsibility for daily implementation of activities under approved annual workplans in program planning, service delivery, commodities and management information systems, and coordination of data collection and other special studies rests with the MCH/FPU. The FPU will be assisted by various technical assistance providers, possibly including SEATS, IRD, and Population Council. Responsibility for activities in IEC rests with the Health Education Unit/MOH and UMATI with assistance from JHU/PCS; for activities in training with FPU/MOH and UMATI assisted by SEATS, AVSC and JHPIEGO.

c. Family Planning Unit

The Family Planning Unit of the Ministry of Health is located within Maternal and Child Health(MCH) Services Department, Figure V-1. The Unit, which includes the EDP and EPI programs, reports to the Senior Medical Officer, MCH Services who in turns reports to the Assistant Chief Medical Officer (ACMO), Department of Preventive Services. Also reporting to the ACMO Preventive Services and with responsibilities for activities financed under the project are the Health Education Unit and that of Public Health Nursing Care. The Regional Medical Officers, and therefore, the District Medical Officers, who have prime responsibility for program planning and supervision at the regional and district level are supervised by the Chief Medical Officer. The Chief Medical Officer is also the immediate supervisor of the ACMO, Preventive Services.

The Family Planning Unit currently has two professional staff: the Manager and a Finance and Administration Officer. In the fall of 1990 this staff will be increased to include a Deputy Manager with particular responsibilities for the UNFPA-financed activities and a Research and Evaluation Officer. The MOH is currently receiving assistance from UNFPA in supporting salary costs for the Unit for two years. After that time the MOH will absorb salary costs. With project resources, the Unit's staff will be further increased to add a second Deputy with special responsibilities for A.I.D.-financed activities; a Logistics Management Officer to oversee the development and administration of the integrated transport and logistics system and the MIS and service statistic reporting system; a Family Planning Training Coordinator; and a data entry clerk. The need for additional staff to support these positions will be assessed as the project unfolds. Specifically the need for zonal FP coordinators to support the contraceptives logistics system will be evaluated. Until the new Family Planning Center is completed, the project will assist the MOH to obtain additional office space.

d. Health Education Unit (HEU/MOH)

The Health Education Unit is finalizing negotiations with JHU/PCS on the Family Planning Communications Project to develop an IEC program primarily aimed at ascertaining current levels of knowledge, increasing



favorable attitudes towards family planning, increasing the numbers of women seeking family planning services and developing, producing and distributing appropriate materials for family planning. A large part of their effort is aimed at improving the materials available to service providers and clients at the health centers and dispensary level. The Unit as now constituted includes four departments: mass media, operational research and evaluation, training and production. A full time project manager will work on the activity and research officer and deputy project manager positions will be established and filled. Other existing staff will be designated to support project activities. It is not expected that the staff of the HEU will have to be expanded beyond these levels.

e. Bureau of Statistics (BOS), Planning Commission

The BOS will implement the Tanzanian Demographic and Health Surveys with technical assistance from the Demographic and Health Surveys Unit at the Institute for Resource Development.

f. Family Planning Association of Tanzania (UMATI)

UMATI, which is the oldest International Planned Parenthood Federation (IPPF) affiliate in Africa, has been the major advocate for family planning in Tanzania for the past 30 years. Approximately two thirds of its annual \$1 million budget comes from IPPF with the remainder from other donors (NORAD, SIDA, UNDP, JOICFP) and membership dues. It has a paid staff of 75 professionals headed by an Executive Director, Figure V-2. Currently, some key staff positions are vacant. Its membership is over 200,000 and its volunteer structure includes 800 Branch Committees, 83 District Committees, 20 Regional Committees and a National Executive Committee. Reporting to the Executive Director are the Directors of Finance and Operations and the Research and Evaluation Office. Recently the new position of Deputy Executive Director was established. UMATI has representatives in all the regions and in about 20 Districts. UMATI's primary activities are in the area of family planning policy support; information, education, and communication; training; and family planning logistics. UMATI operates several urban clinics and is carrying out pilot programs in family planning education, training of providers of sterilizations and other long acting methods with the assistance of AVSC, JHPIEGO and Pathfinder Fund. In order to take on an expanded role in IEC, training, management of the Family Planning Center and service design, UMATI will have to increase its staff and technical and administrative resources. The organization is already in a period of transition with its own expanded program, the development of a broad national program and the assumption of increased responsibility for service delivery and support by the Ministry of Health. It is expected that the UMATI proposal for project support will include requests for assistance to meet technical and operational needs. The need for additional facilities, transport and senior level staff in Training, IEC, Finance and Research has already been raised as well as UMATI's concerns that it be provided adequate resources to fund the costs of new responsibilities. Most importantly, the grant proposal should indicate UMATI's plans for long term sustainability.



3. USAID Project Management

The FPSS project will significantly increase the USAID management burden. Therefore, in addition to the assignment of a direct-hire Health, Nutrition and Population Officer to serve as AID's Project Officer, project resources are being allocated to procure the services of a senior population program manager under a Personal Services Contract and access to multi-disciplinary family planning management and technical skills for the MOH and UMATI through a buy-in to the Family Planning Service Expansion and Technical Support Project (SEATS). SEATS is a major AID/W-managed family planning service delivery resource which was developed to provide technical assistance in population program development, implementation and evaluation in low prevalence countries, primarily in sub-Saharan Africa. Its design and staffing reflect A.I.D. experience that assisting low prevalence countries to provide quality services and raise national contraceptive prevalence rates requires sustained, flexible, multidisciplinary technical expertise, materials and training. SEATS has East and West African offices staffed primarily by Africans who combine high level technical expertise with many years of experience of working with health and family planning in Africa. SEATS will supplement and develop local technical resources in family planning management; training; logistics and management information systems; private sector; research and analysis; and institutional development. Other AID/W managed cooperating agencies providing assistance with the implementation of specific project components through buy-ins or central support include: in sterilization and long-acting methods of contraception, AVSC; in information, education and communications (IEC), Johns Hopkins University/Population Communications Service (JHU/PCS); in demographic and health surveys, Institute for Resource Development (IRD); in operations research, Population Council; and in pre-service medical training, JHPIEGO.

a. Health, Nutrition and Population Officer (HPNO)

Overall the project will be managed by a direct hire Health and Population and Nutrition Officer (HPNO). Day to day implementation actions will be the responsibility of a Senior Population Program Specialist (SPPS) secured through a competitively-awarded PSC and part time of a Tanzanian FSN Program Assistant and Secretary. Annex E outlines the major project related tasks of the HPNO and SPPS.

Until such time as the services of a PSC have been obtained and project-financed technical assistance arrangements with AID/W-managed population cooperating agencies have been approved by the GOT and contracted by A.I.D., the HPNO will participate in technical planning and implementation meetings and committees; review initial implementation actions; arrange for and facilitate the procurement of technical services and commodities; and coordinate the design and approval of short-term technical assistance and training under existing agreements with centrally-managed population cooperating agencies (CAS). The HPNO is not supported by project funds.

In performing his/her responsibilities, the HPNO will be able to call upon technical resources within USAID and REDSO/ESA for needed collateral services, including the Project Development Officer, Commodity Management Officer, Controller, and regional Contracting and Legal officers.

b. PSC Senior Population Program Specialist

The services of a senior Population Program Specialist will be secured through the competitive award of a PSC. This individual will be assisted by a FSN Program Assistant and Secretary. He/she will work in USAID offices. The PSC will be expected to manage the day to day operations for AID activities and be the principal liaison with Tanzanian institutions.

In order to carry out these responsibilities, the Senior Population Program Specialist should have a minimum of 10 years experience in the field of family planning, prior experience working in a developing country, preferably in Africa, an understanding of USAID administrative procedures and prior experience with the management of a multifaceted health or population project. He/she should be conversant with family planning issues in general and preferably the family planning needs of low prevalence countries. Prior experience in working in East Africa and a working ability in Kiswahili is highly desirable.

4. U.S. Population Cooperating Agencies

For the past few years, a number of S&T Population Cooperating Agencies have been working with the MOH and UMATI to improve family planning information, skills and services. Centrally funded CAS have included JHU/PCS, RAPID III, INTRAH, IRD, AVSC, JHPIEGO, CDC/JSI, FPIA, and Population Council. Bilateral funds have been used to buy into AVSC, IRD, JHPIEGO and JHU/PCS. Additional buy-ins are currently planned to AVSC to support the development of in country resources for the provision of sterilization and long acting methods of contraception; to IRD to assist with a second Demographic and Health Survey and local analysis of the results; to JHU/PCS to develop IEC approaches, materials and in-country resources; and to SEATS to assist with the development of in-country resources and systems for family planning management, training, logistics, reporting and analysis, and institutional development. Reliance on SEATS for assistance in multiple areas not only facilitates quick access to African expertise but also promotes synergism between key service delivery elements and provides flexibility in program implementation to shift or concentrate resources as problems are resolved and new needs identified. Each agency will also work with Tanzanian organizations to manage overall assistance, implement specific project components; and establish fiscal, administrative and reporting systems. Since a major project purpose is the strengthening of local capabilities to provide and sustain services special attention will be paid in all project areas to the recruitment and/or training of Tanzanians to fill key technical and managerial roles and the use and strengthening of local organizations, firms and academic institutions. In choosing consultants

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or other individuals to provide assistance, first preference will be given to Tanzanians and then to other Africans. The MOH and UMATI will assist in this process by developing a roster of qualified Tanzanian experts. SEATS will help maintain and supplement this roster. The comprehensiveness of the national program and the magnitude of the assistance planned does however require access to worldwide expertise and resources. All participating groups and agencies receiving A.I.D. financing will participate in the annual cycle of workplan development and approval. Responsibility for coordinating these activities rests with the HPNO and the PSC assisted by SEATS. As needed, the cooperating agencies will assist the relevant Tanzanian organizations in the development of workplans; staffing requirements, recruitment and training; and the procurement of local and foreign exchange commodities.

SEATS will also help the MOH and UMATI to draw upon project resources and meet planning and reporting requirements through the development and implementation of requisite technical and administrative coordinating committees; systems and procedures for the identification and procurement of technical resources, imported commodities and training.

#### 5. Gray Amendment Firms

A Gray Amendment Firm took part in the pre PID, PID, and the FPSS Project design. The Mission will use Gray Amendment Firms with the appropriate skills for the two evaluations scheduled for 1993 and 1996. In addition, a number of CAS have subcontracting arrangements with economically and socially disadvantaged firms. Any contract in excess of \$ 500,000 will contain a provision requiring that no less than 10 percent of the dollar value of the contract be subcontracted to Gray Amendment entities unless the Contracting Officer certifies that there is no realistic expectation of U.S. subcontracting opportunities.

#### B. Schedule and Implementation Responsibilities

The following figures outline the implementation schedule for various project components and the responsible parties for each project component.



Figure V-4  
Project Responsibilities

1.Overall	A.I.D.	MOH	UMATI	CAS	SEATS	AVSC	POP COUN.	JHU/PCS	IRD	JHPIEGO	OTHER DONORS
Project Paper Authorized	x										
ProAg Signed	x	x									
Implementation Letter #1	x	x									
UMATI Grant	x	x	x								
Annual Program Review	x	x	x								
Annual Workplan/Rev/Approv.	x	x	x	x							
Project Adv. Comm. Mtgs.	x	x	x								
SEATS PIO/T	x	x									
SEATS Arrives											
PSC Recruitment	x	x			x						
PSC Arrives	x										
PIO/T DHS	x	x									
PIO/T IEC	x	x	x								
PIO/T VSC	x	x	x								
Evaluation	x	x									
PP Follow On Project	x	x									
2. FPSD											
a. Commodities, MIS											
IPHCTC Committee Formed		x									
Integrated Logistics System Design		x									x
Integrated Logistics System Implemented		x									x
COMIS Working Group Formed		x									x
Analyze Current MIS		x									x
Design Revised MIS		x									x
Revised MIS Tested		x									x
MIS Fully Operational		x									x
Contraceptives, Donor/ MOH Supply Mt	x	x	x								x
Contraceptives Ordered	x	x	x								x
b. IEC											
IEC workplan Approved	x	x									
IEC coordinating Committee Estab.		x	x					x			
IEC Focus Groups		x	x					x			x
IEC workshops		x	x					x			
IEC materials Development		x	x					x			
IEC Materials Test		x	x					x			x
IEC Materials Productio/Dist.		x	x					x			x
IEC Planning Retreat	x	x	x					x			x
c Training											
Trng. Paramedic Tutors		x	x								
Review in service training		x	x							x	
Dev./Rev. Stds. Protocols		x	x								x
Rev. Trng. Res. Priorities		x	x								
Revise Training Plan		x	x								
Contraceptive Update WS	x	x	x								
Training Materials Devel		x	x								
Training Materials Test		x	x								
Training Materials Prod.		x	x								
TOT Training		x	x								
Provider Training		x	x								
MCH/FP Seminars	x	x	x								x
d Service Expansion											
VSC		x	x								
Priv. Sec. Anal./Rev.	x		x			x					
Priv. sec. grant system	x		x					x			
Private Sector Awards			x								
3. Capacity Building											
Roster of Tan. Cons.	x	x	x	x	x						
Assess Roles, Needs		x	x								x
Establish new pos.		x	x								
New positions filled		x	x								
Staff Training Plan		x	x								
In country staff wksp.		x	x								
Study Tours, U.S., Afr.	x	x	x								x
Third Country Training	x	x	x						x		
Support National FP Center	x	x	x								x
4. Data											
Operations Research Imp.											
Operation Research Design		x	x					x			
Sentinel		x									
DHS Pretest		x									
DHS Field Work		x									
DHS Analysis/Draft Report		x								x	
DHS Final Report		x								x	
KAP Fieldwork	x	x								x	
KAP Analysis/Report	x	x						x			
Update CPR/other estimates	x	x						x			
Special Studies/Analyses	x	x	x	x	x				x		x

\*\*\*\* Indicates ongoing activity  
xxxx FPS Project Activity

## VI. PROJECT REVIEWS, EVALUATIONS AND AUDITS

In addition to the on-going monitoring and evaluation activities established for the program as a whole and each of its components, annual program reviews will be carried out by MOH, USAID, and other donors and participating agencies as appropriate to develop the next year's operational plan and adjust resource allocations and strategies accordingly.

Two in-depth evaluations have been scheduled. These evaluations will examine baseline data, and compare it with program data generated by project reporting systems and special studies. They will include analyses of institutional performance and operational systems, and review of field activities. All the evaluations will be carried out by joint USAID/MOH teams. Participation of individuals from other organizations or donor groups will be determined as part of the evaluation design. Care will be taken to draw upon both Tanzanian and international resources in obtaining the technical skills to carry out these comprehensive evaluations.

The first evaluation will be held in late 1993 when most family planning systems will be operational and implementation of specific service and training activities will be well underway. The evaluation will focus on the project design and initial implementation. Among the issues that it will explore are: the validity of the purpose and key assumptions; progress toward achieving outputs; and the provision and use of inputs. This information will be used to make mid-course corrections, identify policy or program constraints and determine the need for additional or different resources.

The first year data collection activities such as the inventories of supplies and services, KAP studies, DHS Pretest and Initial DHS, and the contraceptive distribution information obtained through the contraceptive sentinel surveillance system will produce good baseline data for subsequent evaluations on service levels, provider knowledge, and contraceptive knowledge, practice and use. It is expected that at end of the first year, it will be possible to make valid estimates of contraceptive prevalence and couple years of protection (CYP) provided through current delivery systems. The contraceptive management information system which links contraceptive distribution with services provided will provide an on-going record of contraceptive management, service delivery and CYP.

This information will be combined with sample inventories, situation and organizational analyses, and client satisfaction surveys to re-examine the project design and evaluate project implementation. Concurrently, each of the project's components and the roles of the implementing organizations--MOH, UMATI, HEU--will be evaluated: the logistics and MIS; training; information, education, and communication; private sector and institutional development. The interrelationships, constraints and any redundancies among the components will be analyzed.

An attempt will be made to document the role of the project and its various components on fertility, contraceptive use and family planning activities. If a particular component is identified as failing to attain objectives, project funds may be shifted to another component that is achieving better results. A key component of the evaluation will be an assessment of the family planning policy environment and consideration of NPA.

The second evaluation will be held in June 1996 to determine project impact and progress toward achieving End of Project Status. This information will be used for the determination and design of follow-on activities. The second evaluation has been scheduled early enough in Year Six to allow time for the GOT, UMATI and USAID to examine thoroughly its findings and make decisions about the need for, and design of, follow-on activities. This evaluation will also draw upon program statistics, research findings, situation analyses and client studies. It will examine national changes in contraceptive knowledge, attitudes and practice obtained through the second second DHS. The tapes and final report of DHS II will be available by December 1995.

Annex I describes the project's goal and purpose, process and impact benchmarks, data implications and sources. The matrix can be used for monitoring and evaluation, and for measurement of the extent the project purpose was achieved.

NGOs funded through this project will be required to provide auditing information from recognized accounting firms to improve accountability for project expenditures and to improve the auditee's internal control structure. U.S. government audits of the project may be carried out from time to time during project implementation. Funds have been included in the project for any necessary audits.

## VII. SUMMARIES AND ANALYSIS

### A. Contraceptive Supply Logistics and Management

#### 1. Contraceptive Procurement

In order to meet FPSS project CPR objectives, contraceptives will be procured to supplement supplies from other donors, UNFPA and IPPF. Funds budgeted for contraceptive procurement under the project assume continuation of UNFPA and IPPF supplies.

Annually, contraceptive use data will be compared with existing stocks to project shipping schedules for all contraceptive donors for the following three years.

#### 2. Contraceptive Logistics

The current UMATI warehousing capacity for contraceptives at the central level is limited to 72 square meters. This is far less than current requirements and about half of what will be required at project commencement.

A single three ton truck is available for distribution from the the port through central warehousing and out to the regions. Reliance on commercial transport has proved difficult. The current contraceptive distribution system extends only to regions. Movement of contraceptives from region to service delivery points is ad hoc and relies on a "pull effect."

#### 3. Shared Distribution Costs

Both the Extended Programme on Immunization (EPI) and the Essential Drug Programme (EDP) have distribution systems that include warehousing and transport. The EPI programme, in particular, has a reputation for a well executed preventive maintenance programme that keeps its vehicles functioning longer than those in other programmes.

These two programmes have begun discussion on the savings that would accrue from a shared distribution system. The inclusion of contraceptives in such a shared system would require an estimated 6% of the combined space requirements of the three programmes.

The three programmes agreed in principle on the adoption of a shared approach during the development of the FPSS project paper. MOH endorsement of this plan is anticipated prior to project commencement.

FPSS assistance for warehousing and transport expenses will be expended in support of a shared distribution programme. Technical assistance will be provided, when and if required, to assure the appropriateness of these expenditures.

#### 4. Information Systems

Although both the MCH unit of the MOH and UMATI have systems that collect data on family planning, both have rather severe limitations. UMATI collects primarily acceptor information. On the MOH forms, 94% of those submitted in 1989 failed to report on contraceptive commodities. Stockoutages are discovered repeatedly when programme staff undertake field visits.

The most immediate need is for a Sentinel Reporting System. By modeling on the existing EDP system, - by using the same form design, the same facilities, and the same submission procedures, - it is possible to implement quickly and, within 60 days, have information on which districts are without contraceptives.

A more lengthy process will design and implement the elements of a Family Planning Management Information System. These elements include a revised client card, tally sheets, a FP register, and periodic reports. These will be accompanied by an instruction manual, case study exercises, and a curriculum to be used during implementation and pre-service training.

These elements will focus on those indicators most important to the Tanzanian Family Planning Programme: contraceptive prevalence rates, adequacy of contraceptive supplies, and continuation rates.

These indicators will be used at each level of management to assess performance against expectations, and to identify relative performance between districts and regions.

A joint working group of representatives from the MOH and UMATI will advise the MOH in the design, testing, and implementation of this system. The FPSS project will provide technical assistance to this working group.

#### B. Institutional Analysis

As directed by CCM, the government began preparation of a population policy in 1987. In early 1990 the final version of the population policy was submitted for government clearance. The MOH however, has launched the National FP Programme and has developed a Plan of Operations which contains the strategies for developing and implementing the important FP policy changes and program. Much of this plan is financed through a four year (1990-1993) \$ 6.5 million grant from UNFPA.

The MOH and UMATI are the principal institutions responsible for implementing the National FP Programme. These two organizations will receive financial assistance to improve their institutional resources and capacities, hire and train staff members, and develop operational and sustainable systems. The volume and scope of the anticipated inputs suggest that a phased approach coupled with specific and significant institution building activities would improve the ability of these

organizations to effectively absorb and utilize the assistance they will receive.

### 1. The Ministry of Health

The principal entity in the MOH is the FPU which is administratively situated in the MCH Section under the Department of Preventive Services. The FPU is presently located in a small office which consists of the Unit Manager and two staff members. All the positions and activities are financed by the UNFPA grant, and the FPSS will complement these activities with specific support in logistics, training, IEC, research, and administration.

Aside from the FPU, family planning services and personnel are completely integrated with all maternal and child health services, and family planning is but one of many activities carried out by MCH clinics. No exclusive family planning personnel exist outside of the FPU and those responsible for MCH service delivery report to the Chief Medical Officer, MOH. The FPU should develop one integrated MOH family planning program and this should be followed up by first carrying out a thorough task analysis and then developing a workplan. The national program requires additional management staff and administrative support systems. The additional management staff, operational systems, and the technical assistance to develop them should be provided in a phased multi-year approach that realistically reflects the absorptive capacity of the relatively new FPU. As phased institution building is initiated at the FPU, field supervisory personnel should be identified who are responsible for family planning. As the FPU develops consideration should be given to splitting it off from MCH and having it report directly to the Assistant Chief Medical Officer.

### 2. UMATI

UMATI was established in 1959 and is the oldest International Planned Parenthood Federation (IPPF) affiliate in Africa. UMATI has an annual budget of \$ 1 million of which two-thirds is provided by IPPF and one-third from various international donors. Historically UMATI has specialized in informing and motivating leaders and citizens about population issues and family planning. Much of this work has been carried out by UMATI's network of 20 regional and 23 district coordinators. UMATI also forecasts MOH commodity needs and is the only organization providing significant clinical training in Tanzania. UMATI will have increased responsibilities in training, IEC private sector assistance, and research. Consequently a phased multi-year approach which reflects UMATI's absorptive capacity should be initiated.

Currently some UMATI positions are vacant. Taking on additional program responsibilities will require more staff and possibly a reorganization of the management structure. UMATI will need to assess organizational strengths and weaknesses, determine its focus and direction, and develop a strategic plan.

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Such plans would have to be approved by the UMATI leadership and Board of Directors. Many of UMATI's leaders have been with the organization for many years and have become accustomed to carrying out certain types and levels of activities to help UMATI achieve its goals. They are also used to the broad flexibility their principal donor, IPPF, has given them to identify and implement projects which UMATI feels are the most appropriate. Obtaining AID grant funds will require a specific proposal that delineates responsibilities and lays out a course of action and specifies how funds will be used and tracked.

### C. IEC Component

The purpose of the IEC component of the project is to develop a coordinated multi-sectoral family planning IEC program that will provide information to all Tanzanians. IEC activities will generally be implemented concurrently with developments in the logistics, management, and training components of the project. Consequently IEC efforts will be phased in as the sister components of the project become operational so that new demand generated by IEC interventions can be satisfied.

During the project's first five years IEC will focus on improving the exchange of information and counseling that clients and other MCH clinic attenders receive at all the service delivery points. Once the logistics, management, and training components are well underway, IEC efforts will aim at raising the demand for family planning services by carrying out intensified outreach activities in four selected areas of Tanzania.

The IEC component will also improve the institutional capacity of the HEU of the MOH and the IEC Department of UMATI. A core of family planning IEC expertise will be created so that these two institutions will be able to create appropriate IEC materials.

A secondary purpose of IEC efforts is to elicit support for the National FP Programme from national, regional, and district policy makers and politicians. Policy makers and officials will be supplied with data germane to their locale, profession, or interests which be generated by the DHS in 1991.

### 1. Major Activities and Phasing

#### a. Phase 1 (3 years):

Activities will focus on strengthening the "front line" of the family planning program by improving the quality of client/provider face-to-face interactions. Print materials will be produced by the HEU to support clinicians, clients, and potential clients. UMATI will coordinate the production and distribution of materials to support private sector motivators. Many of the activities initiated during this phase are already planned as part of the HEU Family Planning

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Communication Project which will be implemented in collaboration with Johns Hopkins University Population Communication Services through a \$ 600,000 buy-in financed by USAID.

A KAP study will be carried out in five regions during the first year and strategies will be modified as necessary based on the results. All material produced by the HEU and UMATI will be distributed to other Tanzanian organizations active in family planning IEC and family life education.

b. Phase 2 (2 years):

The HEU will develop, produce, and distribute a second round of print materials for service providers, MCH clinic attenders, and family planning clients. Regional seminars for policy makers will be organized by UMATI and UMATI will also produce an easy to understand brochure depicting the major DHS findings which will be distributed to seminar participants and other government leaders. This phase will be marked by intensifying and consolidating activities initiated during Phase I. Also during this phase, formative research, strategy design, training, and materials development for intensified outreach activities will begin.

c. Phase 3 (2 years):

IEC activities will reach out beyond clinic walls to attract new clients. Intensified outreach will be supported by a weekly radio drama series promoting family planning.

2. Implementation

IEC activities will be coordinated by an IEC Coordinating Committee which will be chaired by the Ministry of Health MCH/FP Division. Possible members will include representatives of the HEU, EMAU, POPFLEP, WAZAZI, the Institute for for Adult education, the Red Cross, GTZ, and the Christian Medical Board. The committee will assess family planning messages and materials produced by different organizations to make sure that the messages are accurate, consistent, and appropriate.

Major implementors of the project will be the HEU and UMATI. During the first three years, the HEU will focus on public sector activities and UMATI on private sector ones. During Phase 2 and 3, the HEU and UMATI will implement coordinated outreach activities in selected areas.

The IEC component will be carried out through a series of buy-ins to a cooperating agency. The agency will: 1) assist the HEU and UMATI design each phase 2) monitor IEC activities 3) report progress to USAID 4) provide technical assistance to project activities as needed and 5) administer IEC funds to the HEU and UMATI.

D. The Training Component

The main purpose of the training component is to support the National Family Planning Programme by establishing an effective family

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planning training system. This will be achieved by strengthening the capacity of the MOH and UMATI to plan, organize, monitor, and evaluate pre-service and in-service family planning training programs. The National Family Planning Program's main strategy is to expand and improve family planning services by providing in-service training for the large number of clinicians who staff MCH clinics at hospitals, health centers, and dispensaries. The costs for training the participants and trainers will be met by the UNFPA. FPSS will assist in developing family planning training capacity and the preparatory activities which must be carried out prior to implementing training. The FPSS will also complement the UNFPA Project by developing the long term institutional training capacity of the MOH and UMATI. National capacity in family planning training is very limited. Currently, the UMATI family planning training team represent the main national capability in this area. Experience in carrying out needs assessments, designing courses and materials, evaluations, and management is limited. Support is needed to fund a training post within the MOH/FP Unit to provide important training for groups like doctors and nurses.

#### 1. Description of the Training Component

The training component will focus on the following four key activities:

- Development of an in-service training program
- Strengthening the family planning training staff
- Training specific groups of clinicians and practitioners not covered by the UNFPA Project
- Supporting the National Family Planning Center

##### a. In Service Training

This will commence by first defining the family planning services which will be offered at each type of service site.

In conjunction with this, the following activities will be carried out:

- Responsibilities of each clinician will be identified
- The training needs of service providers will be identified
- A clinic inventory will be carried out
- Curricular and training materials will be designed and obtained
- A training strategy will be designed based on the needs assessment
- A training management information system will be created
- A plan to implement a decentralized training system will be developed
- Family planning training teams will be formed at the central, zonal, regional, and district level. Trainers will be trained in a cascading system and the district trainers will eventually train the service providers.

b. Strengthening Training Staff, Training Special Groups, and Supporting National Family Planning Center (NFPC)

After the training strategy has been designed a staffing plan will be developed. Additional training positions will be created in the MOH and UMATI and short term training fellowships will be provided to help upgrade and develop training skills. Training will also be provided for teachers from appropriate government and NGO institutions which train assistant medical officers, medical officers, medical assistants, rural medical aides, nurses, MCH Aides, health assistants, and so forth. Support will also be provided for the planned NFPC, which will provide a training and research base for family planning in Tanzania. The National Family Planning Center will provide office space for the central family training team and will be the training site for undergraduate and graduate doctors and other senior health personnel.

2. Phasing

a. Phase 1 (1 year):

Written descriptions about who is to do what at each type of service site will be provided in order to determine what pre and in-service curriculae should be developed. Training staff will be recruited, a training strategy will be developed, and a clinic inventory will be carried out.

b. Phase 2 (1 year):

After job descriptions have been clarified and a needs assessment carried out, training curricular and teaching materials for specific groups of clinicians and practitioners will be developed. A master training implementation plan and a training management information system will be designed.

c. Phase 3 (5 years):

The trainers will begin being trained and they will subsequently begin training groups of service providers. The phase 1 implementation will be carried out in five phases and during each phase practitioners from four regions will be trained.

E. The Private Sector Component

The purpose of this component is to increase access to family planning and broaden the institutional base for family planning service delivery by increasing the institutional capacity of parastatal and private sector organizations and companies to deliver family planning services to their members and employees. The private sector can play an important role in easing the government's health care burden since about 48 percent of the hospitals on the mainland are operated by NGOs usually religious organizations - and since most large companies operate

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their own dispensaries. Since clinic based MCH services cater mainly to women, the workplace offers an important way to direct family planning awareness and motivational talks at males. Clinics operated by private sector organizations can reach workers and to the community where contact can be established with adolescents, men, and women without children who would not go to MCH clinics.

#### 1. Description of the Private Sector Component

There are a number of private sector options that can be explored over the life of the project. These include plantations, estates, factories, companies and institutions which employ significant numbers of workers and provide basic health care to employees, their families, and members of the community. Consideration should also be given to health care facilities and services provided by religious organizations and national private and voluntary organizations, which could implement community based distribution systems of contraceptives.

Criteria for selecting private sector family planning activities for support include:

- Other health services must already be available at the site;
- The organization's management must be willing to include family planning with other health services, commit staff and other essential resources, and demonstrate a commitment to continue using the services and purchase contraceptives when the funding ends.
- The site must have the potential to reach a large number of people of child bearing age who are currently not served because there are no other easily accessible family planning services in the area.

The Private Sector should be included in regular distribution channels. Wherever possible on going training materials should be available to private sector service providers.

#### F. Voluntary Surgical Contraception Component

The purpose of the Voluntary Surgical Contraceptive (VSC) component is to expand the availability of voluntary surgical contraception services in Tanzania in order to enhance the well being of Tanzanian families by reducing the rates of maternal and infant mortality and morbidity. A secondary purpose is to allow more Tanzanian families the opportunity to choose a safe and effective permanent method of family planning if they so desire.

Estimates of the numbers of women who are dying each year in Tanzania in child birth or for causes related to child birth range from 2200 to 4400. Evidence from elsewhere in African indicates that most of these are older women with six or more children and that many of these deaths could be avoided if safe tubal ligation services were more readily available. Furthermore, some 223,000 infants die each year in Tanzania and again evidence suggests that many of these infants are born to older women of higher parity.

Over the last three years, VSC services have begun to be offered for family planning reasons, and there is some evidence to suggest a growing interest in this method of contraception, although demand is still low. Reported constraints concerning tubal ligation include women's fear of the operation, lack of surgical supplies, and lack of knowledge among service providers and potential clients. A recent USAID/Tanzania buy-in to the Association for Voluntary Surgical Contraception (AVSC) will support the expansion of VSC sites from the current two in Dar es Salaam to a further 17 locations. As part of the Family Planning Services Support Project, VSC services will be further expanded to a total of about 40 sites by 1996-97. By the end of the project, it is estimated that approximately 20,000 clients per year will be served, compared to the current total of 650/year.

The VSC component will include the training of clinical teams and FP/VSC counsellors, orientation seminars for health workers and program managers, minor renovations to service clinics, provision of expendable supplies, and technical support for program planning, supervision and quality assurance. AVSC will provide technical assistance, equipment, supplies and support towards institutional operating costs. AVSC will also support MOH, UMATI and USAID in managing the FPSS support. The GOT and NGOs will provide facilities, staff and other operating support. This component will be effected through a buy-in to AVSC.

#### G. Social Soundness Analysis

The sociocultural landscape of Tanzania is in transition. Old values and practices are changing and eroding in response to a deteriorating economy, consumerism, urbanization, and exposure to modern living. Though traditional Tanzanian beliefs are strongly pronatalist, some women are beginning to see the incompatibility between their high fertility and the share of economic responsibilities they bear for raising their children. Due to the combination of economic pressure and the perceived lack of financial and material support some women receive from their partners, more women are considering practicing family planning. This mainly applies to urban women and those living in congested rural areas experiencing population pressure. Though latent demand exists, no more than five percent of all females of child bearing age use modern contraception in Tanzania. This anomaly must be viewed within the context of traditional Tanzanian beliefs and attitudes towards fertility, the modern realities which are influencing these beliefs, and the way in which family planning services are viewed and delivered today in Tanzania.

#### 1. Conditions and Factors Supporting High Fertility in Tanzania

The following beliefs, attitudes, values, and practices contribute to and cause high fertility in Tanzania:

- Status and prestige is gained by having many children.

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- Producing many children enhances one's self image and confirms one's virtue.
- By having many children, the ancestors are appeased and one's lineage is continued.
- Children supply essential farm labor.
- Children are expected to support their parents when they become old.
- The lack of forward planning and believing in fatalism.
- Taboo against husband and wife or close relatives discussing sexual issues.
- Fostering children.
- Early marriage for women.
- Infant mortality and fear of children dying or becoming disabled.
- Polygamy
- Rumors and inaccuracies which surround modern contraception.
- Erratic and sometimes poor delivery of family planning services.

Most of these factors are linked and their strength and influence vary considerably throughout the country. The traditional beliefs are stronger in rural areas which have adequate land resources and little contact with modern phenomena and weaker amongst urbanites and rural communities having inadequate land. All of these beliefs are in transition since many of the customs and traditions no longer provide the support structure they once did.

## 2. Male and Female Roles and Beliefs and Their Implications for Family Planning

In a marital relationship the male and his partilineage control the fertility of the wife and all the progeny produced via the marriage. The wife's traditional role is to bear and nurture children, grow enough food for the family, and implement her husband's directives. Fertility was traditionally controlled by the mutually accepted and culturally sanctioned practice of post partum abstinence. Sexual contact was generally avoided until the child could carry out a command to fill a glass with water and bring it to his father. Hence, ensuring survival of the present infant, rather than limiting family size, was the motivation for traditional child-spacing practices.

Since child-raising responsibilities rest with women, men do not feel the consequences of their conjugal act nearly as much as women do. For the traditional Tanzanian male, the benefits accrued from producing children are high and the costs low. The link between a man's reproductive decisions and his economic responsibilities is tenuous. Consequently, men traditionally have never been very interested in family planning.

Some young men are marrying later in life due to their lack of financial resources. More young women prefer becoming or remaining single mothers since they feel conventional marriage will not be a

beneficial arrangement for them. These women prefer having fewer than seven children, generally control their own fertility, and have a latent demand to practice family planning.

### 3. Society in Transition - Some Reasons for Considering Modern Family Planning

Post-partum abstinence is still being practiced but in most areas the period of abstinence is shrinking to the point that it is no longer a useful child spacing method. The length of abstinence is inversely correlated with every factor of modern living. In urban areas, the conjugal and emotional bonds between partners are growing closer due to the forced physical closeness which makes abstinence more difficult. In addition, AIDS has motivated some men to abandon or curtail their extramarital relationships and this has put more pressure on female partners to resume relations more quickly.

Urbanization has also caused people to re-evaluate the usefulness of their traditional attitudes and practices for the following reasons:

- Children make less of an economic contribution than on the farm.
- The space for living and recreation is very limited.
- Raising children in the city is more expensive than in the countryside.
- Urban parents know the ticket to success is education, but this is expensive.
- Children and adolescents have difficulty finding employment.
- Some children have become rebellious and are not easy to manage.

In rural areas experiencing land shortages, some women complained that they became pregnant too often because their partners did not allow them to practice post partum abstinence. They also complained that their husbands were turning their traditional food crop fields into cash cropping areas and consequently the women had less food for their families. Fathers complained that some of their children were unfamiliar with tribal culture, did not want to work in the fields, and just wanted to live in towns and listen to the radio. This behavior was partially attributed to the fact that some sons had no land to inherit because of over population. This concept of "the rotten kid" is a very recent phenomenon since parents have traditionally never looked at their children as being troublesome.

Traditional values and beliefs are being challenged and culturally accepted practices including post partum abstinence are eroding. But even with these changes the number of acceptors practicing family planning is still low.

### 4. Attitudes and Beliefs Towards Modern Contraception

Family planning is clouded by a confusing array of rumors and inaccuracies which leaves some potential acceptors frightened and bewildered. Contraceptive pills are thought to cause many unwelcome side

effects and many women fear having an IUD (loop) inserted. Due to erratic supplies of pills, acceptors are sometimes forced to switch varieties of pills, depending on which type is available. This discourages acceptors since 1) maybe there will be no pills at all, or 2) possibly the acceptor will be forced to take a different variety or brand which may cause minor side effects.

Men oppose family planning because they feel their wives will become too free and may have affairs with other men. Men and women live in different worlds and consequently men rarely even think of issues which specifically concern females. Men also traditionally fear contraception and the taint of evil or wrong doing attached to modern fertility control. Men also do not feel the economic pinch of having children nearly as acutely as their partners do.

Tanzanians generally feel that adolescents should not have access to contraceptives, even though the teenage pregnancy rate is growing. Many feel giving them contraceptives would lead to licentious behavior. Due to more people attending school, the popularity of adolescent initiation rites has fallen and this, coupled with the taboo against parents discussing sexual issues with their own children, has limited the formal access young people have to sexual education.

#### II. Economic Analysis

For the development of this project it was determined that a cost benefit analysis would not be undertaken because social service programs generally, and family planning projects specifically, have been shown over the years and across many varying country conditions to have high returns of investment. We have no reason to believe that the case for family planning in Tanzania is any less convincing, but some discussion of the topic is warranted, nonetheless.

In addition to the widely known arguments for family planning projects, the Tanzanian government has traditionally placed a very high value on social well-being and therefore on the coverage of social services. In this regard Tanzania stands ahead of other poor countries in its commitment to social services. Despite this, Tanzania has suffered serious declines in its economic fortunes and even in its heralded social achievements. Because of these factors a conventional cost benefit treatment of a family planning project is unlikely to capture the extreme nature of the real costs to society of further inaction on family planning. Data requirements for such studies are always very demanding and should not stand in the way of initial project support. The Tanzanian health budget per capita has fallen, by half, to around one dollar per year, and per capita income has been stagnant for nearly two decades in real terms. The population has doubled to 24 million between 1962 and 1988, and will double again in 20-25 years. The general sense of urgency is compelling, even if it cannot be easily quantified.

Nevertheless it is useful to review the analytical methodology and conclusions of standard cost benefit studies.

The conventional analysis enumerates and quantifies the costs and the benefits of the delivery of family planning services for a given population. The analytical task involves determining the number of births that will be averted because of program services and then assigning "benefits" and "costs" to these averted births in financial terms.

The "savings" to society, to families and to individuals arising from fewer children (that is, the acceptance of a smaller completed family size), arise from several sources. These are the savings from direct health costs of pregnancy, birth and child rearing expenses, from reduced rates of child and maternal morbidity and mortality, and from education costs not required and days of work not lost. Stated more positively, births averted can result in the benefits of better family nutrition, qualitative improvements in family life, education and higher productivity and incomes. Each element of such an analysis would have to be weighed for Tanzania and to be quantitatively estimated.

Some experts have advised that rather than attempting to estimate all the various social costs and benefits of family planning, the value of a potential project can be estimated from examining the preference of individuals as expressed by their demand for services. Client demand for public and private services and commodities can be estimated (the benefit against which the cost of providing such services can also be assessed).

Apart from these methodological issues, the general consensus of experts is that the estimated returns on family planning are high, generally higher than for other developmental projects for such sectors as agriculture or physical infrastructure. The following quote is noteworthy:

The approach to determine the value of an averted birth using an econometric simulation model of the country's economy will not be reviewed because its development involves substantial resources and time. The interested reader is referred to Coale and Hoover's (1958) classic study on India. More recently, Sommers' (1980) model was constructed based on data covering a cross section of 67 countries. Sommers applied his model to 17 developing countries at a 10% discount rate assuming family planning averted 40,000 births annually for 15 years except for smaller countries where it was scaled down to 10,000 births annually for 15 years. The results indicated that an averted birth was worth anywhere from a low of 19.6 times annual per capita income (Indonesia) to a high of almost 41 times per capita income (Taiwan). Ratios for 12 of the 17 developing countries were between 31 and 36.<sup>1/</sup>

<sup>1/</sup> Source: AID Manual for Project Economic Analysis, Bureau of Program and Policy Coordination, October 1987.

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Although we have made the case here for not undertaking a conventional cost benefit analysis to justify this Tanzania program, the argument for such analyses to help determine program design provides an important, albeit alternative perspective. To argue for the grant is straight forward and rests on many factors; the case for "what to do?" is less clear at the outset and argues strongly for building an analytical capacity and flexibility into the grant so that adjustments can be made as data become available and experience is gained. It is readily apparent that the cost per acceptor in Tanzania is presently high and totally unsustainable. Part of the reason is that fixed costs are spread over relatively few acceptors. Low cost high impact modes of delivery need to be identified and expanded.

These types of cost benefit and cost effectiveness studies, financed under this project, should be used to examine each element of the public program and also to compare similar services provided by the private and NGO sectors. These studies can be used to identify savings from the phasing of various project activities, over time and geographically, and by areas of high and low demand. These studies will enable the Ministry of Health to balance cost effectiveness and recurrent cost objectiveness and lessen its dependence on donor support for recurrent, and later, the development, budget.

## VIII. CONDITIONS AND COVENANTS

### A. Conditions Precedent

1. Except as A.I.D. may otherwise agree in writing, prior to any disbursement under the Grant or to the issuance by A.I.D. of documentation pursuant to which such disbursement will be made, the Grantee shall furnish or have furnished to A.I.D., in form and substance satisfactory to A.I.D., a) An opinion of counsel acceptable to A.I.D. that this agreement has been duly authorized and/or ratified by, and executed on behalf of the Grantee, and that it constitutes a valid and legally binding obligation of the Grantee in accordance with all of its terms. b) A written statement setting forth the names and titles of persons holding or acting in the Office of the Grantee and of any additional representatives, and representing that the named person or persons have the authority to act as the representatives of the Grantee, together with a specimen signature of each such person certified to its authenticity.
2. Prior to the disbursement for commodities the MOH shall designate a person satisfactory to A.I.D. who will manage the Project on a day to day basis.

### B. Covenants

GOT performance in meeting the covenants developed for the FPSS will be crucial in deciding the scope of future project activities. To this extent, the covenants can be looked upon as Conditions Precedent to a further activity.

1. The grantee covenants to increase annually funding for family planning over the life of the project and to report yearly to A.I.D. on the amount budgeted to FP.
2. The Grantee covenants to begin to finance at the end of year three the salary costs of MOH personnel initially funded by the A.I.D. project and by the end of year four begin to finance warehouse and office costs. From year four the GOT will begin to contribute to the purchase of commodities available locally. By year seven the GOT will fully finance these costs.
3. The grantee covenants that none of the funds made available under this grant may be used to finance any costs relating to:
  - (a) performance of abortion as a method of family planning;
  - (b) motivation or coercion of any person to undergo abortion;
  - (c) biomedical research which relates, in whole or in part, to methods of, or performance of, abortion as a method of family planning;
  - (d) active promotion of abortion as a method of family planning;
  - (e) involuntary sterilization.

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4. The Grantee covenants to convene a meeting of all key implementing agencies, including CAs, once a year to develop and approve work plans for the coming year and to review progress over the previous year.

5. The Grantee covenants to develop cost information for the delivery of family planning services and to develop approaches for introducing methods of cost recovery and project sustainability.

6. The Grantee covenants to recruit and assign, in a manner consistent with the project implementation plan, all GOT personnel necessary to implement the Project.

7. The Grantee covenants that special accounts will be established at the Cooperative and Rural Development Bank, or other financial institution mutually agreed to, when necessary to carry out project activities.



RELOCATION). USAID IS ALSO URGED TO INCLUDE IN THE LOGFRAME AND MONITORING AND EVALUATION PLAN PERFORMANCE CRITERIA OR BENCHMARKS WHICH SHOW EVIDENCE OF THE GOT EFFORT TO IMPROVE POLICY REFORM. WE SEE THIS PROJECT AS THE INITIATION OF A PROCESS OF LONG TERM AND ROBUST INVOLVEMENT WITH FAMILY PLANNING IN TANZANIA.

3. MANAGEMENT. GIVEN THAT MANAGEMENT AND IMPLEMENTATION OF THE PROJECT WILL BE STAFF INTENSIVE, ECPR EXPRESSED SOME MISGIVINGS ABOUT THE USE OF BUY-INS TO CENTRALLY-FUNDED ACTIVITIES ON A QUOTE AS NEEDED UNQUOTE BASIS. QUESTION WAS RAISED AS TO HOW THE MISSION WOULD UTILIZE PROJECT ADVISORS UNDER A BUY-IN. ECPR RECOMMENDED THAT DESIGN TEAM CAREFULLY REVIEW THE OVERALL MANAGEMENT BURDEN THIS WILL PLACE ON THE MISSION AND DISCUSS IN THE PP HOW MISSION PLANS TO ADDRESS THIS PROBLEM. CONCERN WAS EXPRESSED THAT TANZANIANS MIGHT RELY TOO MUCH ON THE TECHNICAL ASSISTANCE AND SUPPORT OF MISSION STAFF AND AID/W PERSONNEL TO IMPLEMENT THE PROJECT, TO THE EXTENT CONSISTENT WITH THE PRUDENT USE OF USC FUNDS. ECPR WOULD DISCOURAGE ANY SIGNIFICANT INVOLVEMENT OF USAID AND BUREAU STAFFS IN THE MANAGEMENT OF THE PROJECT. THE ECPR AGREES THAT TO THE MAXIMUM EXTENT POSSIBLE, TANZANIANS SHOULD TAKE THE LEAD IN IMPLEMENTING AND MANAGING THIS PROJECT. THEY SHOULD BE INVOLVED IN THE PP DESIGN AS WELL. THE MAXIMUM INVOLVEMENT OF THE TANZANIANS WOULD PUT PRESSURE ON THE GOT TO IMPLEMENT ITS OWN PROJECT THEREBY PROVIDING MORE TIME TO AID STAFF TO CONSIDER THE LARGER ISSUES. USAID MANAGEMENT BURDEN COULD BE ALLEVIATED FURTHER THROUGH SHORT-TERM TECHNICAL ASSISTANCE. SUCH MECHANISMS AS THE FAMILY PLANNING SERVICE EXPANSION AND TECHNICAL SUPPORT (SEATS) PROJECT SHOULD BE CONSIDERED. TO THE EXTENT

THAT BUY-INS TO CENTRALLY LOCATED AGREEMENTS ARE CONTEMPLATED, THE PP SHOULD VERIFY THAT TERMINAL DATES ARE SUFFICIENT AND OBTAIN A WRITTEN COMMITMENT FROM S & T TO RESERVE ADEQUATE CEILING

4. CAPACITY BUILDING. THE PROJECT GOAL CANNOT BE ACHIEVED UNLESS THE MOH'S FAMILY PLANNING UNIT AND UNAMI ARE ADEQUATELY STAFFED WITH QUALIFIED TANZANIANS. REFLECTING THE LESSON MISSION HAS LEARNED FROM THE TAZARA PROJECT, ECPR WOULD RECOMMEND THAT THE PP CAREFULLY ANALYZE WHETHER AN ADEQUATE NUMBER OF QUALIFIED STAFF CAN BE FOUND TO FILL CRITICAL MIDDLE AND SENIOR MANAGEMENT POSITIONS FOR THE PROJECTS. ECPR STRONGLY ENDORSED THE CONCEPT OF TANZANIANS IMPLEMENTING THEIR OWN PROJECTS IN KEEPING WITH THE CONCEPT OF CAPACITY BUILDING (I.E., BUILDING THE GOT'S CAPACITY TO ANALYZE POLICY ISSUES, BUILDING SKILLS AND INITIATIVE OF THE TANZANIANS TO IMPLEMENT THE FAMILY PLANNING STRATEGY

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AND CONTINUE TO IMPROVE MANAGEMENT OF FAMILY PLANNING PROGRAMS). CAPACITY BUILDING IS THE KEY TO ACHIEVING THE PURPOSE OF THE PROJECT AND TO INCREASING PROJECT SUSTAINABILITY OVER THE LONG TERM. THE RESULTS OF THE INSTITUTIONAL ANALYSIS REFERRED TO IN PARA 2 ABOVE SHOULD LEAD TO PRELIMINARY IDENTIFICATION OF POTENTIAL NEEDS FOR SUPPORT WHICH WILL ENABLE THE GOT AND MISSION TO DETERMINE HOW BEST TO ADDRESS KEY PROBLEMS TO CAPACITY BUILDING, AND MAXIMIZING THE EXTENT TO WHICH IMPLEMENTATION, MONITORING AND EVALUATION RESPONSIBILITY FOR THE PROJECT WILL BE LEFT IN THE HANDS OF THE GOT OR OTHER TANZANIANS.

5. SUSTAINABILITY. SINCE A LARGE SUM OF DOLLARS IS REQUESTED FOR THIS EFFORT, SUSTAINABILITY OF THE PROJECT IS IMPORTANT AND, IN PART, WILL DEPEND ON THE CAPACITY OF THE GOT DISCUSSED IN PARA 3 ABOVE. IT WILL ALSO DEPEND ON THE GOT FINANCIAL COMMITMENT TO THIS PROJECT, THE RELATIVE IMPORTANCE PLACED ON IT, AND ITS COMMITMENT TO APPROPRIATE POLICY MEASURES OVER LOP. AT A MINIMUM, THE HOST COUNTRY SHOULD EVIDENCE ITS COMMITMENT TO THE PROJECT BY PROVIDING A SUSTAINED BUDGET FOR FAMILY PLANNING OVER A PERIOD OF TIME. DURING THE DESIGN PHASE, ECPR RECOMMENDED THAT THE QUESTION OF SUSTAINABILITY SHOULD BE CAREFULLY SCRUTINIZED IN THE PP. FOR INSTANCE, ON THE ISSUES OF COST RECOVERY WHICH PID STATES WILL BE ADDRESSED IN YEARS 5 TO 7, ECPR SUGGESTED CONDUCTING A SERIES OF MULTI-YEAR ANALYSES OF FAMILY PLANNING DELIVERY SYSTEMS, COSTS ASSOCIATED WITH THESE SYSTEMS, COSTS TO USERS, METHOD AVAILABILITY, AND ANY OTHER FACTORS DEEMED IMPORTANT TO ENHANCED COST

RECOVERY. THE RESULTS OF THESE ANALYSES COULD BE USED AS THE BASIS FOR POLICY DIALOGUE AND SUBSEQUENT DECISION MAKING BY THE GOT DURING THE LATTER YEARS OF THE PROJECT. ECPR RECOMMENDED ALSO THAT MISSION DISCUSS WITH GOT THE FOLLOWING: (A) INCLUSION OF A COVENANT IN THE PP AND SUBSEQUENT PROJECT AGREEMENT WHICH WOULD SHOW GOT COMMITMENT TO A SUSTAINED BUDGET FOR FAMILY PLANNING OVER LOP (PERHAPS IN THE CONTEXT OF PREVENTIVE HEALTH); (B) INCLUSION OF A BUDGET LINE ITEM IN THE NATIONAL BUDGET FOR FAMILY PLANNING; AND (C) ESTABLISHMENT OF A ONGOING POLICY DIALOGUE BETWEEN THE MISSION AND GOT TO ADOPT NECESSARY POLICY MEASURES AFFECTING THE DELIVERY OF PREVENTIVE HEALTH AND FAMILY SERVICES IN TANZANIA.

6. INFORMATION, EDUCATION AND COMMUNICATION. A GUY IN THE BUREAU EXPRESSED CONCERN THAT PROPOSED EFFORTS IN FAMILY PLANNING IN TANZANIA MIGHT BE COMPROMISED AND HANDICAPPED BY INSUFFICIENT ATTENTION TO INFORMATION, EDUCATION AND COMMUNICATION (IEC). THE PROPOSED ACTIVITY DOES NOT FULLY ADDRESS THE IEC STRATEGY AND GOALS OUTLINED IN THE NATIONAL FAMILY PLANNING PROGRAM. IT WAS NOTED THAT WHILE UNFPA AND IPPF ARE UNDERPINNING SUBSTANTIAL ELEMENTS OF THE PROGRAM, THE IEC ELEMENT APPEARS TO LACK FINANCIAL AND INSTITUTIONAL SUPPORT. ECPR ENDORSES MISSION EMPHASIS ON IMPROVING INFORMATION

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AVAILABLE AT THE DISTRICT AND SERVICE LEVELS BUT BELIEVES THIS SHOULD BE PART OF AN EXPLICIT BROAD NATIONAL COMMUNICATIONS STRATEGY TO IMPROVE THE INFORMATION AVAILABLE TO OPINION LEADERS AND POLICY MAKERS, SERVICE PROVIDERS, AND CLIENTS. SUCH A STRATEGY MAY INCLUDE BUT IS NOT SYNONYMOUS WITH A NATIONAL MASS MEDIA CAMPAIGN. ECPR AGREES THAT MISSION IN CONJUNCTION WITH TANZANIANS AND OTHER DONORS IS IN THE BEST POSITION TO DETERMINE THE TIMING, CONTENT, AND MEDIUM USED TO CONVEY POPULATION AND FAMILY PLANNING MESSAGES. DURING THE PP DESIGN, THE MISSION IS ENCOURAGED TO WORK WITH TANZANIANS AND OTHER DONORS AGENCIES TO DEVELOP A NATIONAL COMMUNICATIONS STRATEGY AND ENSURE ALLOCATION OF SUFFICIENT IEC INFRASTRUCTURE AND INSTITUTIONAL CAPACITY. IN CONCLUSION, IT WAS AGREED MISSION HAS THE FINAL WORD ON THE DEGREE OF IEC ACTIVITIES BUT IS ENCOURAGED TO SEEK A TANDUM APPROACH TO RESOLVING THIS ISSUE.

7. AUTHORIZATION VENUE. THIS WILL BE A FIELD AUTHORIZED PROJECT.

8. GRAY AMENDMENT. THE PID DID NOT CONTAIN THE REQUIRED DISCUSSION CONCERNING THE POTENTIAL FOR

INVOLVING DISADVANTAGED ENTITIES IN THE DESIGN AND/OR IMPLEMENTATION OF THIS PROJECT. SINCE FUNDS UNDER THIS ACTIVITY WILL BE USED TO PROCURE TECHNICAL ASSISTANCE, TRAINING AND POSSIBLY COMMODITIES, MISSION IS REQUIRED TO DISCUSS IN THE PP ITS PLANS FOR INVOLVING WOMEN AND MINORITY-OWNED ENTITIES IN THE IMPLEMENTATION OF THE PROJECT. MISSION'S ATTENTION IS CALLED AIDAR NOTICE 90-2 REGARDING MANDATORY SUBCONTRACTING.

9. BASELINE DATA. GIVEN THE LACK OF GOOD BASELINE AND DEMOGRAPHIC DATA, THE ECPR SUGGEST A COVENANT BE INCLUDED IN THE PP AND IN THE SUBSEQUENT PROJECT AGREEMENT ON THE NEED AND IMPORTANCE OF HAVING GOOD

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BASELINE DATA FOR THE PROJECT. IN THIS REGARD, AID/W MIGHT BE OF ASSISTANCE TO THE MISSION IN COLLECTING ADDITIONAL DEMOGRAPHIC AND HEALTH INFORMATION. THROUGH THE BUREAU'S AFRICA OPERATIONS RESEARCH AND TECHNICAL ASSISTANCE PROJECT (OR/TA), A QUOTE SITUATION ANALYSIS UNQUOTE OR GENERALLY A QUICK BASELINE SURVEY COULD BE DONE ON THE TYPES OF SERVICE PROGRAMS AVAILABLE IN TANZANIA. OR/TA COULD ALSO CONDUCT A KNOWLEDGE, ATTITUDE AND PRACTICE SURVEY (KAPS) WHICH WOULD PROVIDE BASELINE INFORMATION ON PEOPLE AND POPULATION ATTITUDES IN TANZANIA. IN ALL SURVEYS AND DATA COLLECTION, GENDER SHOULD BE CONSIDERED AS A KEY VARIABLE. THE PROJECT'S DIFFERENTIAL IMPACT ON MEN AND WOMEN SHOULD BE ASSESSED, AND STRATEGIES SHOULD BE DESIGNED TO OVERCOME CONSTRAINTS. PAST EXPERIENCE IN FAMILY PLANNING PROJECTS HAS SHOWN MEN RATHER THAN WOMEN ARE OFTEN EXCLUDED AS PARTICIPANTS AND BENEFICIARIES IN PROJECT ACTIVITIES. IF THIS IS THE CASE IN TANZANIA, EFFORTS SHOULD BE MADE TO ADDRESS THIS CONCERN.

10. THE IEE HAS BEEN APPROVED BY THE BUREAU ENVIRONMENTAL OFFICER AND CLEARED BY GC/AFR.

11. THE PP NEEDS TO INCLUDE A 25 HOST COUNTRY CONTRIBUTION OR THE MISSION NEEDS TO REQUEST A WAIVER FROM AA/AFR. A WAIVER REQUEST SHOULD CONTAIN A STATEMENT OF WHAT THE HOST COUNTRY WILL CONTRIBUTE, EVIDENCE OF ITS INABILITY TO CONTRIBUTE 25, AND EVIDENCE OF ITS COMMITMENT TO THE PROJECT DESPITE THE LACK OF FULL CONTRIBUTION.

12. THE AFR BUREAU VIEWS FAMILY PLANNING AS ONE OF TWO MAJOR PROGRAM ACTIVITIES IN TANZANIA--THE OTHER BEING THE TRANSPORT SECTOR. THIS PROJECT THEREFORE SHOULD BE

THOUGHT OF AS THE INITIATION OF A PROCESS WITH THE ASSUMPTION THAT A SUBSTANTIAL PORTION OF YOUR OYB WILL BE ACHIEVED BY THIS PROGRAM OVER THE COMING YEARS. THE DESIGN OF THIS ACTIVITY SHOULD BE SUCH THAT IT PROVIDES THE FOUNDATION UPON WHICH AN EVEN LARGER PROGRAM WILL EVOLVE THRU AMENDMENTS OR MODIFICATIONS. ENCLBURGER BT

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RESPONSE TO ECPR REVIEW OF PID (STATE 157134)

1. POLICY ISSUES:

During the life of the project USAID will monitor the policy environment for family planning in Tanzania and continue to take part in the on-going policy dialogue. Most of USAID's day to day project implementation responsibilities will fall on the PSC and this will free the DH Population Officer to look at project sustainability, institutional reforms, and procedural changes necessary to improve family planning service delivery. Coordination with other donors is particularly important. The recently signed World Bank project contains a component with the Population Planning Unit (PPU) within the Planning Commission and the PPU will be part of the Project Advisory Committee. The UNFPA also has proven influential in population policy formulation in Tanzania and will continue to be involved as part of the Advisory Committee.

Policy issues will also be addressed by SEATS, the long term technical assistance contractor on the project as part of its scope of work. An important agenda item at the yearly meeting of the CAs will be the constraints faced in implementing their project components. Were the implementation problems faced the result broad policy constraints or more specific resource problems?

How can these constraints be eliminated? During the project the GOT will be expected to increase family planning budgets, to increasingly absorb personnel costs and to develop the information base necessary to determine the cost of family planning services and to develop approaches for introducing methods of cost recovery. These changes will be firm evidence of an improved policy environment and are embodied in project covenants.

Throughout the early phases of the project and especially during the first evaluation the possible use of NPA will be considered. At the present time we believe the constraints faced by the GOT in the family planning area require significant strengthening of existing institutions and this is best accomplished through project assistance. Once the institutional base that is clinics are providing quality family planning services NPA can play a significant role. In the later years of this project and particularly in follow-on projects, USAID expects a significant role for NPA.

2. FAA 611A (2)

There are no legal impediments to family planning in Tanzania. In recent years a wider range of family planning services has been made available to all Tanzanian women. The project is designed to deal with the institutional and administrative impediments that must be overcome to deliver quality family planning services. We have reached agreement with the GOT on steps that need to be taken to increase institutional capacity.

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### 3. USAID MANAGEMENT BURDEN AND CAPACITY BUILDING:

The Mission has attempted to reduce USAID's management burden and, at the same time, increase Tanzanian management and implementation responsibilities through the following steps:

- A senior PSC Population Manager will be project funded to assist the DH HPNO on operational matters so the HPNO can devote attention to policy issues.
- Continuing buy-ins with institutions that already have on-going activities (JHU/PCS, IRD, AVSC). A key component in all the buy-ins is the development of Tanzanians capability to continue without expatriates after a certain time.
- Using SEATS to assist MOH and UMATI in developing and training their staffs so that with time the GOT takes over more of the implementation responsibility. SEATS will also assist in the training, logistics, and management information systems components and will coordinate the work of the other CAs.

MOH, UMATI and USAID remain convinced that there are well qualified Tanzanians available to fill positions within government, the NGOs and in the CAs. The project's phasing approach allows ample time for capacity building at a sustainable pace.

Confirmation has been sought from S&T/POP ceilings for proposed buy-ins and, since no S&T/POP contracts or grants are for more than 5 years, plans are to continue activities after expiration of current agreements.

### 4. SUSTAINABILITY:

Although the question of sustainability is dealt with throughout the project paper, Chapter IV.E specifically addresses the sustainability issue.

### 5. NATIONAL IEC STRATEGY:

The GOT has a national IEC strategy as part of its Plan of Operations. USAID joins with UNFPA and other donors in supporting the refinement and implementation of this strategy. Initial IEC efforts are funded under a previous buy-in to JHU/PCS. Important early activities under this project include support for improved training; provider/client informational materials; and special presentations and workshops for national, regional and district leaders. The GOT believes, and USAID agrees, that until services are more reliable, a mass media campaign to generate demand would not be appropriate. The IEC program is designed to satisfy the current unmet demand for services. Better ways to reach critical target audiences will be reviewed periodically and IEC workplans adjusted accordingly.

6. GRAY AMENDMENT:

A Gray amendment firm was used in the design of the project. USAID will continue to seek every opportunity to increase the involvement of Gray Amendment groups. Project services from U.S. organizations are being procured through buy-ins with cooperating agencies that are composed, in part, of Gray Amendment firms. USAID will advise all the Cooperating Agencies of its interest in using these firms. Key activities such as project evaluations will be reserved for appropriate Gray Amendment firms.

7. BASELINE DATA:

USAID/T agrees with importance of good baseline and monitoring data. The PP details plans for significant collection of baseline data (DHS, KAP, sentinel surveys), on-going monitoring, pertinent operations research, and periodic evaluation. We appreciate the offer of OR/TA assistance but believed on-going and planned activities are sufficient.

8. HOST COUNTRY CONTRIBUTION:

A waiver has been requested from the AA/AFR to the requirement for a 25% host country contribution (Dar Es Salaam 3708).

9. IMPORTANCE OF FAMILY PLANNING IN TANZANIA:

Population is one of USAID/T's major priority program sectors. This project has been designed as the initial step in what we see as long range plan of assistance to create a strong, sustainable Tanzanian program.

ANNEX B  
Statutory Checklist

5C(1) - COUNTRY CHECKLIST

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

A. GENERAL CRITERIA FOR COUNTRY ELIGIBILITY

1. FY 1990 Appropriations Act Sec. 569(b). Has the President certified to the Congress that the government of the recipient country is failing to take adequate measures to prevent narcotic drugs or other controlled substances which are cultivated, produced or processed illicitly, in whole or in part, in such country or transported through such country, from being sold illegally within the jurisdiction of such country to United States Government personnel or their dependents or from entering the United States unlawfully? NO
  
2. FAA Sec. 481(h); FY 1990 Appropriations Act Sec. 569(b). (These provisions apply to assistance of any kind provided by grant, sale, loan, lease, credit, guaranty, or insurance, except assistance from the Child Survival Fund or relating to international narcotics control, disaster and refugee relief, narcotics education and awareness, or the provision of food or medicine.) If the recipient is a "major illicit drug producing country" (defined as a country producing during a fiscal year at least five metric tons of opium or 500 metric tons of coca or marijuana) or a "major drug-transit country" (defined as a country that is a significant direct source of illicit drugs significantly affecting the United States, through which such drugs N/A

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are transported, or through which significant sums of drug-related profits are laundered with the knowledge or complicity of the government): (a) Does the country have in place a bilateral narcotics agreement with the United States, or a multilateral narcotics agreement? and (b) Has the President in the March 1 International Narcotics Control Strategy Report (INSCR) determined and certified to the Congress (without Congressional enactment, within 45 days of continuous session, of a resolution disapproving such a certification), or has the President determined and certified to the Congress on any other date (with enactment by Congress of a resolution approving such certification), that (1) during the previous year the country has cooperated fully with the United States or taken adequate steps on its own to satisfy the goals agreed to in a bilateral narcotics agreement with the United States or in a multilateral agreement, to prevent illicit drugs produced or processed in or transported through such country from being transported into the United States, to prevent and punish drug profit laundering in the country, and to prevent and punish bribery and other forms of public corruption which facilitate production or shipment of illicit drugs or discourage prosecution of such acts, or that (2) the vital national interests of the United States require the provision of such assistance?

3. 1986 Drug Act Sec. 2013. (This section applies to the same categories of assistance subject to the restrictions in FAA Sec. 481(h), above.) If recipient country is a "major illicit drug producing country" or "major drug-transit country" (as defined for the purpose of FAA Sec 481(h)), has the President submitted a report to

N/A

Congress listing such country as one:  
(a) which, as a matter of government policy, encourages or facilitates the production or distribution of illicit drugs; (b) in which any senior official of the government engages in, encourages, or facilitates the production or distribution of illegal drugs; (c) in which any member of a U.S. Government agency has suffered or been threatened with violence inflicted by or with the complicity of any government officer; or (d) which fails to provide reasonable cooperation to lawful activities of U.S. drug enforcement agents, unless the President has provided the required certification to Congress pertaining to U.S. national interests and the drug control and criminal prosecution efforts of that country?

4. FAA Sec. 620(c). If assistance is to a government, is the government indebted to any U.S. citizen for goods or services furnished or ordered where:  
(a) such citizen has exhausted available legal remedies, (b) the debt is not denied or contested by such government, or (c) the indebtedness arises under an unconditional guaranty of payment given by such government or controlled entity?

NO

5. FAA Sec. 620(e)(1). If assistance is to a government, has it (including any government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities?

NO

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6. FAA Secs. 620(a), 620(f), 620D; FY 1966 Appropriations Act Secs. 512, 54b. Is recipient country a Communist country? If so, has the President: (a) determined that assistance to the country is vital to the security of the United States, that the recipient country is not controlled by the international Communist conspiracy, and that such assistance will further promote the independence of the recipient country from international communism, or (b) removed a country from applicable restrictions on assistance to communist countries upon a determination and report to Congress that such action is important to the national interest of the United States? Will assistance be provided either directly or indirectly to Angola, Cambodia, Cuba, Iraq, Libya, Vietnam, South Yemen, Iran or Syria? Will assistance be provided to Afghanistan without a certification, or will assistance be provided inside Afghanistan through the Soviet-controlled government of Afghanistan? NO
7. FAA Sec. 620(j). Has the country permitted, or failed to take adequate measures to prevent, damage or destruction by mob action of U.S. property? NO
8. FAA Sec. 620(l). Has the country failed to enter into an investment guaranty agreement with OPIC? NO
9. FAA Sec. 620(o); Fishermen's Protective Act of 1967 (as amended) Sec. 5. (a) Has the country seized, or imposed any penalty or sanction against, any U.S. fishing vessel because of fishing activities in international waters? (b) If so, has any deduction required by the Fishermen's Protective Act been made? NO

10. FAA Sec. 620(g); FY 1990 Appropriations Act Sec. 51E (Brooke Amendment). (a) Has the government of the recipient country been in default for more than six months on interest or principal of any loan to the country under the FAA? a) Yes, but these restrictions have been lifted.
- (b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the FY 1990 Appropriations Act appropriates funds? b) No.
11. FAA Sec. 620(s). If contemplated assistance is development loan or to come from Economic Support Fund, has the Administrator taken into account the percentage of the country's budget and amount of the country's foreign exchange or other resources spent on military equipment? (Reference may be made to the annual "Taking Into Consideration" memo: "Yes, taken into account by the Administrator at time of approval of Agency OYB." This approval by the Administrator of the Operational Year Budget can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.) N/A
12. FAA Sec. 620(t). Has the country severed diplomatic relations with the United States? If so, have relations been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption? NO
13. FAA Sec. 620(u). What is the payment status of the country's U.N. obligations? If the country is in arrears, were such arrearages taken into account by the A.I.D. Administrator in determining the current A.I.D. Operational Year Budget? (Reference may be made to the "Taking into Consideration" memo.) Tanzania is in arrears on its UN obligations. This was taken into consideration by the Administrator in approving the FY 1990 OYB.

14. FAA Sec. 620A. Has the President determined that the recipient country grants sanctuary from prosecution to any individual or group which has committed an act of international terrorism or otherwise supports international terrorism? NO
15. FY 1990 Appropriations Act Sec. 564. Has the country been determined by the President to: (a) grant sanctuary from prosecution to any individual or group which has committed an act of international terrorism, or (b) otherwise support international terrorism, unless the President has waived this restriction on grounds of national security or for humanitarian reasons? a) NO b) NO
16. ISDCA of 1985 Sec. 552(b). Has the Secretary of State determined that the country is a high terrorist threat country after the Secretary of Transportation has determined, pursuant to section 1115(e)(2) of the Federal Aviation Act of 1958, that an airport in the country does not maintain and administer effective security measures? NO
17. FAA Sec. 666(b). Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA? NO
18. FAA Secs. 669, 670. Has the country, after August 3, 1977, delivered to any other country or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards, and without special certification by the President? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.) NO

19. FAA Sec. 670. If the country is a non-nuclear weapon state, has it, on or after August 8, 1985, exported (or attempted to export) illegally from the United States any material, equipment, or technology which would contribute significantly to the ability of a country to manufacture a nuclear explosive device? NO
20. ISDCA of 1981 Sec. 720. Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U.N. on Sept. 25 and 28, 1981, and did it fail to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the "Taking into Consideration" memo.) Tanzania failed to disassociate itself and this was taken into consideration by the Administrator.
21. FY 1990 Appropriations Act Sec. 513. Has the duly elected Head of Government of the country been deposed by military coup or decree? If assistance has been terminated, has the President notified Congress that a democratically elected government has taken office prior to the resumption of assistance? NO
22. FY 1990 Appropriations Act Sec. 539. Does the recipient country fully cooperate with the international refugee assistance organizations, the United States, and other governments in facilitating lasting solutions to refugee situations, including resettlement without respect to race, sex, religion, or national origin? YES

B. FUNDING SOURCE CRITERIA FOR COUNTRY  
ELIGIBILITY

1. Development Assistance Country Criteria

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

NO

b. FY 1990 Appropriations Act Sec. 525. Has the President certified that use of DA funds by this country would violate any of the prohibitions against use of funds to pay for the performance of abortions as a method of family planning, to motivate or coerce any person to practice abortions, to pay for the performance of involuntary sterilization as a method of family planning, to coerce or provide any financial incentive to any person to undergo sterilizations, to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?

NO

2. Economic Support Fund Country Criteria

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

b. FY 1990 Appropriations Act Sec. 569(d). Has this country met its drug eradication targets or otherwise taken significant steps to halt illicit drug production or trafficking?

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A includes criteria applicable to all projects. Part B applies to projects funded from specific sources only: B(1) applies to all projects funded with Development Assistance; B(2) applies to projects funded with Development Assistance loans; and B(3) applies to projects funded from ESF.

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

A. GENERAL CRITERIA FOR PROJECT

1. FY 1990 Appropriations Act Sec. 523; FAA Sec. 634A. If money is to be obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified?  
Yes, Congress was notified on July 25, 1990. The CN expired on August 7, 1990.
2. FAA Sec. 611(a). Prior to an obligation in excess of \$500,000, will there be:  
a) engineering, financial or other plans necessary to carry out the assistance; a) Yes  
and (b) a reasonably firm estimate of the cost to the U.S. of the assistance? b) Yes
3. FAA Sec. 611(a)(2). If legislative action is required within recipient country with respect to an obligation in excess of \$500,000, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance?  
No further legislative action is required.

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4. FAA Sec. 611(b); FY 1990 Appropriations Act Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.) N/A
  
5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability to maintain and utilize the project effectively? N/A
  
6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. NO
  
7. FAA Sec. 601(a). Information and conclusions on whether projects will encourage efforts of the country to:  
(a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions. The project is a family planning project and will not affect any of these objectives.
  
8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise). The project contains a significant amount of procurement of U.S. goods and services.

9. FAA Secs. 612(b), 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars. The recipient country is paying salary costs of its health workers who are included in the project.
10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release? NO
11. FY 1990 Appropriations Act Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity? N/A
12. FY 1990 Appropriations Act Sec. 547. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel? NO
13. FAA Sec. 119(g)(4)-(6) & (10). Will the assistance: (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other N/A

wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas?

14. FAA Sec. 121(8). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)?

N/A

15. FY 1990 Appropriations Act, Title II, under heading "Agency for International Development." If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government?

N/A

16. FY 1990 Appropriations Act Sec. 537. If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.?

Before assistance is made available, the PVO will provide the necessary information to be registered. The PVO will be advised of of A.I.D. audit rights.

17. FY 1990 Appropriations Act Sec. 514. If funds are being obligated under an appropriation account to which they were not appropriated, has the President consulted with and provided a written justification to the House and Senate Appropriations Committees and has such obligation been subject to regular notification procedures?

N/A

18. State Authorization Sec. 139 (as interpreted by conference report). Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision).

This information will be provided within the timeframe requirement.

19. Trade Act Sec. 5164 (as interpreted by conference report), amending Metric Conversion Act of 1975 Sec. 2 (and as implemented through A.I.D. policy). Does the assistance activity use the metric system of measurement in its procurements, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? Will A.I.D. specifications use metric units of measure from the earliest programmatic stages, and from the earliest documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, area, volume, capacity, mass and weight), through the implementation stage?

Yes

20. FY 1990 Appropriations Act, Title II, under heading "Women in Development." Will assistance be designed so that the percentage of women participants will be demonstrably increased?

The project is a family planning activity. Women are prime beneficiaries. Women will also play a significant role in the delivery of family planning services.

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21. FY 1990 Appropriations Act Sec. 597(a).  
If assistance is furnished to a foreign government under arrangements which result in the generation of local currencies, has A.I.D. (a) required that local currencies be deposited in a separate account established by the recipient government, (b) entered into an agreement with that government providing the amount of local currencies to be generated and the terms and conditions under which the currencies so deposited may be utilized, and (c) established by agreement the responsibilities of A.I.D. and that government to monitor and account for deposits into and disbursements from the separate account?

N/A

Will such local currencies, or an equivalent amount of local currencies, be used only to carry out the purposes of the DA or ESF chapters of the FMA (depending on which chapter is the source of the assistance) or for the administrative requirements of the United States Government?

Has A.I.D. taken all appropriate steps to ensure that the equivalent of local currencies disbursed from the separate account are used for the agreed purposes?

If assistance is terminated to a country, will any unencumbered balances of funds remaining in a separate account be disposed of for purposes agreed to by the recipient government and the United States Government?

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FY 1990 Appropriations Act Sec. 546 (as interpreted by conference report for original enactment). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities: (1) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (2) in support of research that is intended primarily to benefit U.S. producers?

N/A

b. FAA Sec. 107. Is special emphasis placed on use of appropriate technology (defined as 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

c. FAA Sec. 281(b). Describe extent to which the activity 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 civic education and training in skills required for effective participation in governmental and political processes essential to self-government.

The project contains large training and institutional development components. It will also make use of Tanzanian consultants whenever possible.

d. FAA Sec. 101(a). 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?

The project is designed to improve the health and well being of mothers and children which will allow them to be more productive participants in the economy.

e. FAA Secs. 102(b), 111, 113, 281(a). Describe extent to which activity will: (1) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions; (2) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life, and otherwise encourage democratic private and local governmental institutions; (3) support the self-help efforts of developing countries; (4) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (5) utilize and encourage regional cooperation by developing countries.

The project is aimed at improving family planning which can benefit the families of low income wage earners. With respect to women, improved access to family planning services permits them a greater range of choices to participate in the national economy.

f. FAA Secs. 103, 103A, 104, 105, 106, 120-21; FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA." Does the project fit the criteria for the source of funds (functional account) being used?

Yes

g. FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA." Have local currencies generated by the sale of imports or foreign exchange by the government of a country in Sub-Saharan Africa from funds appropriated under Sub-Saharan Africa, DA been deposited in a special account established by that government, and are these local currencies available only for

N/A

use, in accordance with an agreement with the United States, for development activities which are consistent with the policy directions of Section 102 of the FAA and for necessary administrative requirements of the U. S. Government?

h. FAA Sec. 107. Is emphasis placed on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?

YES

i. FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)?

The cost sharing requirement will be waived since Tanzania is a relatively least developed country.

j. 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

k. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.

The project contains large training and institutional development components. It will also make use of Tanzanian consultants whenever possible.

l. FY 1990 Appropriations Act, under heading "Population, DA," and Sec. 535. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions?

NO

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

Are any of the funds to be made available to any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization? NO

Will funds be made available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services? YES

In awarding grants for natural family planning, will any applicant be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning? NO

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

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

n. FY 1990 Appropriations Act Sec. 579. What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 40 percent of the students are Hispanic Americans, and The project will encourage the use of economically and socially disadvantaged firms as subcontractors to the CAs who will implement the project. Evaluations will be led by economically and socially disadvantaged firms. The portion of fund to such firms should be in the 5-10 percent range.

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)?

o. FAA Sec. 118(c). Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16? Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (1) stress the importance of conserving and sustainably managing forest resources; (2) support activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (3) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (4) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (5) help conserve forests which have not yet been degraded by helping to increase production on lands already cleared or degraded; (6) conserve forested watersheds and rehabilitate those which have been deforested; (7) support training, research, and other actions which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing; (8) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (9) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a

Yes

(1) through (9) NO

condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (10) seek to increase the awareness of U.S. Government agencies and other donors of the immediate and long-term value of tropical forests; and (11) utilize the resources and abilities of all relevant U.S. government agencies?

p. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plant species), will the program or project: (1) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (2) take full account of the environmental impacts of the proposed activities on biological diversity?

N/A

q. FAA Sec. 118(c)(14). Will assistance be used for: (1) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (2) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas?

NO

r. FAA Sec. 118(c)(15). Will assistance be used for: (1) activities which would result in the conversion of forest lands to the rearing of livestock; (2) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undergraded forest lands; (3) the

(1) NO

(2) NO

(3) NO

(4) NO

colonization of forest lands; or (4) the construction of dams or other water control structures which flood relatively undergraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development?

s. FY 1990 Appropriations Act Sec. 534(a). If assistance relates to tropical forests, will project assist countries in developing a systematic analysis of the appropriate use of their total tropical forest resources, with the goal of developing a national program for sustainable forestry?

N/A

t. FY 1990 Appropriations Act Sec. 534(b). If assistance relates to energy, will such assistance focus on improved energy efficiency, increased use of renewable energy resources, and national energy plans (such as least-cost energy plans) which include investment in end-use efficiency and renewable energy resources?

N/A

Describe and give conclusions as to how such assistance will: (1) increase the energy expertise of A.I.D. staff, (2) help to develop analyses of energy-sector actions to minimize emissions of greenhouse gases at least cost, (3) develop energy-sector plans that employ end-use analysis and other techniques to identify cost-effective actions to minimize reliance on fossil fuels, (4) help to analyze fully environmental impacts (including impact on global warming), (5) improve efficiency in production, transmission, distribution, and use of energy, (6) assist in exploiting nonconventional renewable energy resources, including wind, solar, small-hydro, geo-thermal, and advanced

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biomass systems, (7) expand efforts to meet the energy needs of the rural poor, (8) encourage host countries to sponsor meetings with United States energy efficiency experts to discuss the use of least-cost planning techniques, (9) help to develop a cadre of United States experts capable of providing technical assistance to developing countries on energy issues, and (10) strengthen cooperation on energy issues with the Department of Energy, EPA, World Bank, and Development Assistance Committee of the OECD.

u. FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA"

(as interpreted by conference report upon original enactment). If assistance will come from the Sub-Saharan Africa DA account, is it: (1) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, participatory, environmentally sustainable, and self-reliant; (2) being provided in accordance with the policies contained in section 102 of the FAA; (3) being provided, when consistent with the objectives of such assistance, through African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa; (4) being used to help overcome shorter-term constraints to long-term development, to promote reform of sectoral economic policies, to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities, to bring about appropriate sectoral restructuring of the Sub-Saharan African economies, to support reform in public administration and finances and to establish a favorable environment for individual enterprise and self-sustaining development, and to take

- (1) Yes
- (2) The project is aimed at the families of low income wages earners and provides them with access to services that permit them greater ranges of choices to participate in the national economy.
- (3) While U.S. private enterprise is providing technical assistance, Tanzania NGOs will be involved in the project.
- (4) Yes, The project supports the critical sector priorities of voluntary family planning and health.

into account, in assisted policy reforms, the need to protect vulnerable groups; (5) being used to increase agricultural production in ways that protect and restore the natural resource base, especially food production, to maintain and improve basic transportation and communication networks, to maintain and restore the renewable natural resource base in ways that increase agricultural production, to improve health conditions with special emphasis on meeting the health needs of mothers and children, including the establishment of self-sustaining primary health care systems that give priority to preventive care, to provide increased access to voluntary family planning services, to improve basic literacy and mathematics especially to those outside the formal educational system and to improve primary education, and to develop income-generating opportunities for the unemployed and underemployed in urban and rural areas?

v. International Development Act Sec. 711, FAA Sec. 463. If project will finance a debt-for-nature exchange, describe how the exchange will support protection of: (1) the world's oceans and atmosphere, (2) animal and plant species, and (3) parks and reserves; or describe how the exchange will promote: (4) natural resource management, (5) local conservation programs, (6) conservation training programs, (7) public commitment to conservation, (8) land and ecosystem management, and (9) regenerative approaches in farming, forestry, fishing, and watershed management.

N/A

w. FY 1990 Appropriations Act Sec. 515. If deob/reob authority is sought to be exercised in the provision of DA assistance, are the funds being obligated for the same general purpose, and for countries within the same region as originally obligated, and have the House and Senate Appropriations Committees been properly notified?

N/A

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.

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 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into such an agreement been waived by the President because of a national security interest?

c. FAA Sec. 122(b). Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities?

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?

b. FAA Sec. 531(e). Will this assistance be used for military or paramilitary purposes?

c. 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?

ANNEX C  
Grante Request For Assistance

THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF FINANCE

Telegrams: "TREASURY", DAR ES SALAAM.

Telephone: 21271.

(All Official communications should

be addressed to the Principal  
Secretary to the Treasury and

NOT to individuals).

In reply please quote:

Ref. No. ...T.X.C./E/550/7...

PO Box 9111,

DAR ES SALAAM

21st August, 1990

Director,  
U S A I D,  
P.O. Box 9130,  
DAR ES SALAAM.

Dear Mr. Stepanek,

RE: USAID GRANT SUPPORT FOR FAMILY PLANNING

Kindly refer to our meeting in my office on 16th July, 1990 and your letter to my Minister dated 24th July, 1990 on the above named subject.

We note with appreciation that USAID proposes to initiate a long term program of sustained assistance in response to Tanzania Governments' firm commitment in the National Family Planning Program's five year plan of Operations, to expand and promote family planning services in the country. We also appreciate the efforts by USAID, the Ministry of Health and UMATI including participation of UNFPA, WHO and UNICEF in working out a 70 years project proposal which indicates that USAID will contribute a grant of US \$20m for the project over a seven year period.

Reiterating our sincere gratitude to USAID and the US Government for your valuable contribution to our economic and social Recovery endeavours, we hereby kindly request your assistance in securing approval from the US Government for the US \$ 20m earmarked for the Family Planning Project.

Thanking you for your continued cooperation.

Yours sincerely,

R. M. M. M.

ANNEX D

Technical Analyses (reserved)

Logistics and Management Information Systems

Training and Service Delivery

Information, Education and Communication

Voluntary Surgical Contraception

Private Sector

Institutional Analysis

Social Soundness

## ANNEX E

### Statement of Work

#### HPNO

- (1) Coordinate with the MOH, UMATI, UNFPA and other concerned local and donor agencies to ensure maximum impact of USAID's contribution to the National Family Planning Programme and to jointly develop project implementation strategies.
- (2) Promote discussions with senior GOT officials on population and family planning policy and program issues.
- (3) Ensure coordination of USAID-financed population and family planning activities with USAID and other donor-financed activities in related fields such as health, education and AIDS control.
- (4) Review and recommend approval to the USAID Director of annual workplans and subsequent disbursement of funds.
- (5) Ensure compliance with conditions precedent and covenants and A.I.D. regulations and practices concerning the use of U.S. government funds and the implementation of requisite evaluations and audits.
- (6) Coordinate with technical backstop offices in REDSO/ESA and AID/W.

#### PSC

- (1) Establish A.I.D.-financed assistance priorities; facilitate and coordinate the provision of appropriate A.I.D.-financed inputs including that provided through prior buy-ins and centrally-funded cooperating agencies (C.A.s).
- (2) Establish and monitor administrative, financial and reporting systems including mechanisms for the timely approval of actions, procurement of goods and services and disbursement of funds which meet multiple agency standards for accountability.
- (3) ~~Oversee~~ <sup>Oversee</sup> the development and implementation of an annual project ~~planning~~ cycle which reviews project performance and priorities; formulates annual workplans and budgets for all A.I.D. financed activities; ensures requisite GOT and A.I.D. input and clearances; and establishes training, technical assistance and procurement requirements and procurement schedules.
- (4) Oversee the preparation of all PIO/Ts, PIO/Ps and PIO/Cs and semi-annual progress reports and other needed A.I.D. reports.

ANNEX F

INITIAL ENVIRONMENTAL EXAMINATION  
OR  
CATEGORICAL EXCLUSION

Project Country: TANZANIA

Project Title and Number: Family Planning Services Support 131-1170

Funding:                      FY (s)                      FY 90 - 97                      \$ 10.0 million

IEE/CE Prepared by:                      FREDERICK J. GUYMON

Environmental Action Recommended:

Positive Determination \_\_\_\_\_

Negative Determination \_\_\_\_\_

OR

Categorical Exclusion                      X

This activity meets the criteria for Categorical Exclusion in accordance with Section 216.2 and is excluded from further review because:

216.2(c)(2)(viii)  
According to Section 216.2(c)(2)(viii) of Agency's procedures stated in 22CFR Part 216, an Initial Environmental Examination, Environmental Assessment and Environmental Impact Statement are not required for programs involving nutrition, health care or population and family planning services if they do not include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.). The AID Grant does not include any activities which could directly affect the environment.

Action Requested by: Joseph F. Stephens                      Date: 7/30/90  
(Mission Director)

Concurrence: John J. Gaudin  
(Bureau Environmental Officer)

APPROVED

DISAPPROVED \_\_\_\_\_

DATE 7/18/90

Clearance:                      GC/AFR:                      W.A. [Signature]                      DATE 11/2/90

ANNEX G  
Waiver of 25 percent Host Country Contribution

AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D C 20523

ACTION MEMORANDUM FOR THE ACTING ASSISTANT ADMINISTRATOR FOR AFRICA

FROM: AFR/PD, Timothy J. Bor

SUBJECT: Family Planning Services Support PP (621-0173)

Problem: Your approval is requested to waive the requirement of Section 110 of the FAA for a host country contribution of at least 25 percent of project costs.

Background: Tanzania is a relatively least developed country as defined by the United Nations General Assembly. It is currently under an IMF program which severely restricts the amount of government expenditures. While that economic growth rate is 4-5 percent a year, it is not likely that the government budgets will increase markedly. Social sectors such as health are under added pressure as the government's first priority is the transport sector. The recently announced budget for next fiscal year provided no funds for new investment in the health infrastructure.

The Tanzanian contribution to this project is mainly in the form of personnel who provide family planning services, and the buildings, supplies and equipment they utilize. At the national level, family planning is carried out within the Maternal Child Health [MCH] section within the Department of Preventative Services. It is also carried out at the zonal, regional, district and finally at the clinic and dispensary level. Zonal MCH offices are located in consultant or regional hospitals. Regional and district MCH offices would be located in hospitals or health centers.

There are over 2800 MCH facilities of which approximately 2000 provide family planning services. Total employment at these facilities is about 6,000. The UNFPA estimates that the personnel costs of these facilities total about 325 million Tanzanian shillings. Another 700 million Tshs is expended to meet recurrent buildings, supplies and equipment costs. This brings the total to just over 1 billion shillings. This amounts to about \$5,300,000 at the current exchange rate of 192 Tshs per dollar. Admittedly, these are existing costs which would occur whether our project existed or not. The project if successful will increase the number of clinics offering family planning services; it will increase the number of persons visiting the clinics seeking the service; and will increase the amount of time present personnel devote to family planning.

In the early years of the project, GOT support will mainly be in the form of management personnel at MOH in Dar Es Salaam and regional technical staff who will take part in the training, logistics, MIS and IEC activities. There are also GOT warehouses for the storage of contraceptives and vehicles for the distribution of contraceptives.

Our estimate is that the GOT contribution will slowly rise during the life-of-project and total about 10 percent of the recurrent budget by year seven. Therefore the GOT contribution on an annual basis will average about 5 percent or about \$250,000 per year. Over the life-of-project this is about \$1,750,000. Since this is less than 25 percent of total project costs USAID/Tanzania is seeking a waiver from section 110 of the FAA. The Mission believes the GOT is otherwise committed to the project. This project is a key element in the 1989-93 GOT draft population program, which was prepared by the GOT, based on lessons learned from its prior population programs. The GOT has already removed all legal constraints that it could identify to service delivery, a major element of this project. There is an existing clinic infrastructure and a large staff of health personnel. We realize that the lack of GOT resources raises sustainability questions. These will be addressed throughout the life-of-project.

Authority: You have authority to waive the cost sharing requirement under Delegation of Authority 403. Such authority may not be redelegated.

Recommendation: That you waive the FAA Section 110 requirement that Tanzania contribute 25 percent or more of the project costs for the Family Planning Service Support Project (621-0173).

Approved: Walter G. Bully  
Disapproved: \_\_\_\_\_  
Date: 7/31/90

Clearances:

AFR/PD/EAP:DMackell	(draft)	date	7/13/90
AFR/PD:BBurnett	<u>5/2/90</u>	date	7/20/90
AFR/EA:JRose	(draft)	date	7/21/90
GC/AFR:MAKleinjan	(draft)	date	7/17/90
AFR/EA:DLundberg	(draft)	date	7/21/90
DAA/AFR:ELSaifers	<u>10</u>	date	7/31/90

Drafted: AFR/PD/EAP: CTerry: Doc. 0214J CT

Annex H

A.I.D. Financed Inputs

Activity	year1	year2	year3	year4	year5	year6	year7	Total	
<b>Contraceptives, Logistics, MIS</b>									
Contraceptives	0	467	590	729	885	1061	1256	4928	
Vehicles	205	0	205	0	0	0	0	410	
Maintenance	8	8	8	7	0	0	0	44	
Petrol	8	8	10	10	7	3	3	62	
Warehousing	20	20	15	15	15	10	5	100	
COMIS	20	15	15	10	10	10	8	88	
MIS Printing	50	10	10	0	10	0	0	80	
National MIS IMP	0	210	10	10	0	0	0	230	
Training ESAMI	0	20	20	0	0	0	0	40	
Training US	0	30	0	30	0	0	0	60	
Training, 3rd Country	0	11	6	0	0	0	0	17	
Computers	0	14	0	14	0	0	0	28	
Calculators	0	21	0	0	0	0	0	21	
Cupboards, Cards	0	92	0	0	0	0	0	92	
Desks, Chair	0	100	0	0	0	0	0	100	
Log./MIS Ofr.	6	6	6	6	6	6	6	42	
Data Entry	4	4	4	4	4	4	4	28	
Zonal FP Coord	6	6	6	6	6	6	6	42	6672
<b>Research, Monitoring and Eval.</b>									
Operations Research	100	50	50	50	100	50	100	500	
Evaluation	0	0	70	0	0	0	70	140	
CBD Evaluation	0	0	0	0	50	0	0	50	
DHS	0	150	0	0	1500	0	0	1650	
Situational Analyses	50	0	50	0	0	0	0	100	
Audit	0	0	0	100	0	0	100	200	2643
<b>IEC</b>									
Salaries	2	2	2	2	2	7	7	22	
Consultants	2	0	3	3	15	4	4	32	
Travel and Allowances	6	24	64	81	74	63	63	374	
Equipment and Supplies	43	7	8	14	54	8	8	144	
Other Direct Costs	25	174	73	275	200	27	27	801	
Subcontracts	0	0	0	0	0	0	0	0	
Technical Assistance	42	42	42	42	42	42	49	302	1675
<b>Training</b>									
Dev. of In service FFTP	120	110	172	117	100	40	90	749	
Training of Inst. Tutors	0	40	30	85	45	3	0	203	
MCH/FP Concepts for Interns	76	11	36	36	0	0	0	159	
Cont. Tech Update for med Staf	0	33	70	15	10	0	0	128	
MCH/FP seminars for Prof Asso	0	8	8	7	7	8	7	45	
FP Center	0	0	0	50	50	0	0	100	1324
<b>Private Sector</b>									
Salaries	0	0	17	23	16	18	18	92	
Equipment, Supplies	0	0	45	56	8	8	8	125	
Travel	0	0	8	8	4	4	4	28	
Sub. Proj.	0	0	25	50	15	20	15	125	
Operations Research	0	0	5	15	10	0	0	30	
Training	0	0	30	45	30	20	10	135	
Rental	0	0	10	13	10	10	10	53	
Dissemination Seminars	0	0	0	9	0	0	9	18	606
<b>VSC</b>									
Equipment (offshore)	0	25	60	60	55	55	45	300	
Equipment (Tanzania)	0	10	20	25	25	25	20	125	
Expendable Supplies	0	10	10	22	32	35	30	139	
Clinical Training	0	0	27	45	43	47	52	214	
Counsellor Training	0	0	25	30	30	38	5	128	
Orientation Seminars	0	7	8	8	7	8	7	43	
Clinic Renovation	0	8	12	12	12	12	14	70	
Quality Assurance	0	0	17	17	18	18	22	92	
Operations	0	0	4	4	5	5	6	23	
AVSC Direct Cost	0	0	30	35	35	35	35	170	1303
<b>Institutional Development</b>									
MOH									
Training Mgr.	6	6	6	6	6	6	6	42	
Zonal FP Coords	12	12	12	12	12	12	12	84	
Computer	18	0	0	0	0	0	0	18	
Training, Workshops, Plan Devel	6	21	53	52	18	18	31	199	
Office Rental	5	10	10	10	10	10	10	65	
UHATI									
Manager, IEC	6	6	6	6	6	6	6	42	
Manager, Training	6	6	6	6	6	6	6	42	
Dir. Research, Spec. Proj	6	6	6	6	6	6	6	42	
Accountant	3	3	3	3	3	3	3	21	
Clerk	3	3	3	3	3	3	3	21	
Training, Workshops, Plan Devel	15	20	20	20	20	20	20	135	
Office Rental	7	10	10	10	9	7	7	60	771
<b>SEATS</b>									
Management	125	125	100	100	100	75	75	700	
LMIS	200	175	175	150	150	150	100	1100	
Priv Sector	0	50	100	100	50	50	50	400	
Training	100	125	150	125	125	115	100	840	
<b>Mission FSC</b>	150	150	150	150	150	150	150	1050	3043
<b>Subtotal</b>	1460	2480	2746	2953	4231	2355	2716	18741	1050
Inflation, Contingency	0	125	150	150	175	200	259	1059	1657
<b>Project Total</b>	1460	2605	2896	3103	4406	2555	2975	20000	20000

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Strategic Objective or Goal	Purpose	Process Benchmarks	Impact Benchmarks	Info Implications (Process benchmarks)	Info Implications (Impact Benchmarks)	Sources of Data For Trends	Sources of Data For Causes	Management/Budget Implication
Improve health and well being of women and children by enhancing the opportunities to choose freely the number and spacing of children.	Increase contraceptive acceptance and use.	<ol style="list-style-type: none"> <li>1. Improved public and private MCH centers; by the end of year 3, 10 percent of MCH centers and 4 private parastatal clinics providing long acting methods of contraception. By the end of the project the percentage of MCH centers increases to 50, the number of private clinics to 20.</li> <li>2. Reliable supply and delivery of contraceptives. By the end of year 3, ten percent of clinics supplying family planning services report no stock-outages. By the end of project 70 percent report no stock-outages.</li> <li>3. Pre and in-service family planning training program. Service provider training begins in year 3. By end of project, service providers trained in 50 percent of the districts.</li> <li>4. By the end of year 2 family planning informational material available. By the end of the project material for managers, clients and providers in 50 percent of the clinics.</li> <li>5. Functioning MIS provides information for decisions about family planning policy, priorities, resources, sustainability, and allocation.</li> </ol>	<p>Increase in contraceptive prevalence rate of 1% per year beginning in year 2.</p> <p>50% increase in percentage of acceptors who return for resupply by end of project.</p> <p>Doubling of the number of townships who are aware of family planning and know about at least one modern method of contraception.</p>	<p>Have timely and accurate information on progress and problems in implementation obtained through routine documentation as well as in depth project evaluations.</p>	<p>Need information on contraceptive KAP, including prevalence rates, clinic inventory situation, and level of training at the clinic level</p>	<ol style="list-style-type: none"> <li>1. FAP surveys,</li> <li>2. DHS initial and follow-up,</li> <li>3. Operations research,</li> <li>4. MCH and UPATI reporting</li> <li>5. Project evaluations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Sentinel surveys,</li> <li>2. Situational analyses</li> <li>3. MIS reports</li> </ol>	<ol style="list-style-type: none"> <li>1. Design and fund HES, FAP, sentinel surveys, operations research, situational analyses and evaluations.</li> <li>2. Fund TA to MCH and UPATI.</li> <li>3. Monitor project on a day to day basis.</li> <li>4. Senior management meet provide overall guidance.</li> </ol>

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