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POPULATION STRATEGY FOR AFRICA 1983-1986
HFAC REPORT

AID increased population project activities, including funding levels, during the three-year period (FY 80-82) from \$22.4 million to \$43 million (including funds from all accounts). In addition a significant further increase could occur over the period 1983-1986 if there is increased interest in population activities on the part of Africans themselves. African interest is the critical element in AID population activities in the FY83-86 period. Under the law AID is authorized to furnish assistance for voluntary family planning. AID recognizes that African nations, as sovereign states, have the primary right and responsibility of dealing with rapid population growth. The Africa Bureau provides assistance for population activities when that assistance is wanted by the host country. This is not only consistent with the law but with AID experience, which makes it quite clear that only those population projects which have host country backing will succeed. Development assistance in areas other than population may not be conditioned on a country's acceptance of population assistance.

If African interest in population activities during FY 83-86 continues at the same rate as FY 80-82, trends in overall funding, for the period FY 83-86 will continue to be upward. Trends in overall funding for the period FY 80-83 are shown in Figure 1. AID assistance to Africa will be consistent with the new Agency Population Policy which was issued in September 1982. Assistance will be provided in both the public and private sectors for demographic data collection and analysis, family planning service delivery, in-country, third-country, and U.S. training, research (social, biomedical, and operations), population policy development, and for information, education, and communications programs. Assistance will continue to be provided through bilateral, intermediary, multilateral, and international agency channels, with efforts directed toward increasing the flow of assistance to Africa as a part of worldwide program efforts.

BACKGROUND

Of the regions of the world in which AID works, Africa presents the greatest challenge. The 48 countries of sub-Saharan Africa are among the world's poorest. While there are vast differences between the countries, and even between regions within countries, these nations together present a formidable development challenge.

For more than 30 years population growth in this region has been outpacing the growth in production of basic foodstuffs needed to sustain its people. Per capita food production has declined, sometimes alarmingly so, despite the best efforts of the donor nations to reverse this trend. Monumental constraints to greater food production, storage, and distribution will have to be overcome if Africa is to feed herself in the foreseeable future.

The problem of self-sufficiency in food production is, paradoxically, exacerbated by improvements in health which have increased life expectancy in many African nations over the past two decades.

Efforts in the past to introduce modern family planning methods and programs have had little visible effect. Often, such efforts have met with cultural or political resistance, and sometimes with suspicion. With the possible exception of Zimbabwe, no sub-Saharan nation has yet implemented a large-scale effective family planning program. There are a number of smaller efforts underway, however, and large-scale efforts may be mounted in the next few years. The key will be the importance African leaders give to the link between food self-sufficiency and lower fertility levels. The concept of family planning is not alien to Africa; Africans have been practicing one form or another of traditional child-spacing for centuries. It is precisely for that reason that the Africa Bureau has pushed very hard to have Natural Family Planning introduced in Africa, as a method consistent with the traditional child spacing methods. Currently some African leaders have expressed a greater sensitivity to population matters, but that does not necessarily overcome the political risks internally of introducing a population program. One African leader told us that when he announced that his country's population would double by the turn of the century (a message he meant to be sobering) he was greeted with applause, pointing out the difference between what a national leader may himself think and what is politically possible in a country.

AID STRATEGY FOR FY 1983-FY 1986

The following five-point program will be adopted in order to strengthen the effectiveness of AID population assistance to Africa over the next four years:

1. IMPLEMENTATION OF AID'S SEPTEMBER 1982 POPULATION POLICY IN AFRICA
2. ASSIGNING ADDITIONAL POPULATION TECHNICIANS TO FIELD MISSIONS
3. IMPROVED TARGETING AND COORDINATION OF ALL FORMS OF AID POPULATION ASSISTANCE TO AFRICA
4. INCREASED FUNDING FOR POPULATION PROGRAMS (ALL ACCOUNTS), AND
5. INCREASED INFORMATION, EDUCATION, AND COMMUNICATION EFFORTS TO BUILD A STRONGER CONSTITUENCY

Essential elements in this strategy are elaborated point-by-point in the following pages.

AID POLICY IN AFRICA

Over the next few months AID will take measures necessary to ensure that its policy pertaining to the delivery of population assistance in Africa is clearly understood by all AID Mission Directors, Program Officers, and senior staff in AID/W. The Agency has recently developed such a statement with respect to delivery of population assistance worldwide. This is being given wide circulation and is the basis for an Africa-specific statement which will be, in all respects, in conformity with the overall Agency policy statement.

The Africa Bureau will move to improve the flow of essential information about Population/Family Planning (P/FP) programs and evolving host country policies to senior staff both in Washington and in the field. This will be accomplished through the information, education, and communications effort which is described below.

ADDITIONAL POPULATION TECHNICIANS

At present there are five full-time AID Population Officers in Africa. Two of these are regional officers, covering a large number of countries. A sixth officer has been assigned to Nigeria and will be arriving at post in mid-January 1983. Together, these six officers cover a total of 32 countries in which there are AID Missions. Additionally, there are three health/population officers (i.e., health officers who spend part time on population work). Each country in the region also has someone designated as "Population Coordinator," typically an AID or Embassy officer, who facilitates communication on population matters.

This complement of technical staff is not as many as we would wish but, faced with overall personnel cuts in past years it has been difficult to increase the number of full-time population technicians in Africa. If African countries themselves begin to regard population programs of such importance and of such potential as to require that the number of full-time officers be doubled within the next four years, we will respond even at the expense of technician slots in other important sectors or of administrative personnel. Additionally, the Africa Bureau is making a concerted effort to increase the number of technical personnel involved in population planning programs in Africa through the use of a variety of contract mechanisms. We can report some success in this regard, though further progress is needed.

BETTER TARGETING AND COORDINATION

The effectiveness of AID population programs in Africa can be enhanced considerably through better targeting and coordination of AID assistance. This is essentially a management problem. Its dimensions are great, involving many different organizations and hundreds of project activities in more than 40 countries. For example, AID population assistance at present involves:

- about 400 subprojects
- more than 30 different U.S. organizations
- about 42 countries
- several international and multilateral agencies

These numbers alone suggest the difficulty of ensuring that each individual or activity is contributing effectively.

The Africa Bureau is putting into place a new Management Information System (MIS) which is designed to facilitate the exchange of project information among key decision-makers within AID (see Attachment "B" for example) and in the collaborating institutions which provide population assistance to the region. AID's Office of Population (Bureau for Science & Technology) is putting in place a similar system, fully compatible with that of the Africa Bureau. These systems will permit AID to get a better grasp on the many hundreds of separate activities underway, and to do the necessary analyses which will lead to better programming (targeting) of AID population assistance. At the same time, the systems will greatly facilitate the sharing of information among the many organizations involved in population work, thereby enhancing their own ability to better target their assistance.

INCREASED FUNDING

AID will seek to increase the funds for population assistance to Africa, both in absolute terms and as a percent of overall funding available, as appropriate, taking into consideration the African reaction to AID population programs. In so doing, a parallel effort will be made to increase the amount of non-population funds in Africa, e.g., using funds from the Sahel and Economic Support Funds accounts, and local currency generations under Commodity Import Programs wherever feasible. For example, in FY 1982, of the \$14 million obligated for bilateral and regional population projects, only \$7.35 million was from the Population Planning Account. The balance came from the Sahel and ESF accounts.

The following table provides a graphic summary of all funding for FY 1980-1983:

AID POPULATION ASSISTANCE TO AFRICA*
(In Thousands of Dollars)

<u>Account</u>	<u>FY 80</u>	<u>FY 81</u>	<u>FY 82</u>	<u>FY 83</u>
Bilateral/Regional	3,041	4,502	7,350	6,943
Econ. Support Fund	-	-	5,250	-
Sahel	526	900	1,500	1,400
Centrally-Funded (ST/POP)	11,381	15,550	20,237	15,830
UNFPA	4,859	5,093	5,521	5,798
IPPF	2,450	2,500	2,700	2,500
Contraceptives (FPIA, etc.)	<u>179</u>	<u>367</u>	<u>444</u>	<u>497</u>
<u>TOTALS</u>	22,436	28,912	43,002	32,968

 *Note: Figures for UNFPA, IPPF, and Contraceptives are estimates for all years. The other accounts during FY 80-82 are actual obligations, and estimates for FY 83.

BUILDING A STRONGER CONSTITUENCY

African leaders are becoming more aware of the relation between national interests and continued high population growth rates. At the same time, there is increased understanding among the donor community (AID, World Bank, UN, other nations and organizations) that African interest in population policies and programs is on the rise. To speed the development and introduction of effective policies and programs it is important -- on the part of AID donors as well as AID recipients -- to disseminate information on the benefits of family planning to country populations at large.

AID has recently signed a Cooperative Agreement with the Johns Hopkins University for a 5-year information, education, and communications effort. Fifty percent of this new project is to

involve activities in Africa. However, the project will support dissemination activities in only seven African countries. Therefore, the Africa Bureau will supplement funds available under this project in order to:

1. provide additional manpower
2. sponsor activities in five additional countries
3. ensure routinized distribution of important project information to the donor community

One of the most persuasive arguments which can be made in favor of African willingness to undertake population activities is an up-to-date summary of activities which are actually underway in Africa. In the absence of such "hard" information, donors and some Africans themselves may explain their inaction as a reflection of African resistance toward P/FP activities. As mentioned above, with the help of the Science & Technology Bureau, AID's Africa Bureau is now putting into place an automated Management Information System which, among other capabilities, will facilitate the exchange of timely information on projects underway in Africa. In addition, this system will improve the dialogue carried on in the donor community, making it considerably easier to structure meaningful working sessions aimed at evaluating progress and planning new strategies.

Attachment A

P/FP PROJECTS CURRENTLY SUPPORTED BY THE AFRICA BUREAU

Rwanda: Maternal-Child Health/Family Planning - Project No. 696-0113

This five-year project began in FY 81 and is assisting the Government of Rwanda in education/sensitization programs to build popular demand and support for more rapid implementation of comprehensive MCH/FP activities. Project components include: research and population policy development; information, education, and communications programs; and the expanded delivery of services. The nationwide provision of FP services will correctly strengthen MCH services, and establish the basis for long-term demographic changes required in Rwanda. The total cost of the project is \$6,250,000.

Kenya: Population Studies & Research Institute - Project No. 615-0165

The purpose of this eight-year project, which was begun in June 1976, is to create a specialized population institute in the University of Nairobi which will provide M.A. and Ph.D. training programs in population in the university, carry out population-related research, and provide continual technical assistance to government and private sector organizations. The Population Council (New York) has a three-person team resident in Nairobi assisting in the creation and institutionalization of the Institute. The total AID contribution to this project is \$2,692,000. The project will terminate in 1984, and no further AID assistance is anticipated.

Kenya: Family Planning II - Project No. 615-0193

This is a six-year, multi-donor \$140,000,000 project between the Government of Kenya and the World Bank, SIDA, DANIDA, UNFPA, and AID, signed in September 1982. USAID is supporting the institutionalization of the GOK's recently-created National Council for Population and Development (located under the Vice President and in the Ministry of Home Affairs), the implementation of an interagency information and education program by private and public Kenyan agencies, and the training of Ministry of Health paramedicals in family planning services. USAID plans to provide a total of \$8,000,000 to the project. In FY 82, \$4,000,000 was obligated to cover costs during the first three years.

Sudan: Rural Health Support - Project No. 650-0030

This is a 5-year project, which began in FY 81, with the Ministry of Health. USAID is supporting the training of clinic personnel, the provision of contraceptives and clinic equipment, and the establishment of reporting systems and supervision. The total cost to AID for this project is \$18,063,000, of which \$1,881,000 is for the P/FP components. The balance is from the health account.

Sudan: Planning for Family Health - Project No. 650-0063

This is a new five-year project which was approved in September 1982. It supports the Sudan Fertility Control Association, a private sector FP organization, to establish a specialized model FP clinic in the capital city, train clinic personnel from the Ministry of Health and other organizations, carry out information and education activities, and to establish a research and evaluation department. The total cost of the project to AID is \$920,000, of which \$590,000 was obligated in FY 82.

Lesotho: Rural Health Development - Project No. 632-0058

This project, which began in FY 77 and will end in FY 83, is helping Lesotho achieve an affordable integrated health program and the training and deployment of community health workers. FP is a component and AID has provided about \$50,000 annually, most of which is for contraceptive supplies. This supports the GOL's objective of reducing the annual population growth rate from 2.4% in 1975 to 2.1% in 1980. The total AID contribution of population money for the five years is \$343,000.

Zaire: Family Planning - Project NO. 660-0094

This new 5-year project was approved in September 1982. It will improve FP services and information in metropolitan Kinshasa and in 13 to 15 other urban centers in Zaire. Current FP services in these areas are inadequate, and the urban population is growing at 11% annually. Furthermore, a recent study shows that over 50% of fertile women want to space their children. This project will complement the AID-supported Primary Health Care Project which started in FY 81. The estimated total AID contribution to this project is \$3,940,000. The first tranche of \$348,000 was obligated in FY 82.

Zimbabwe: Child Spacing and Fertility Program - Project No. 613-0219

This is a new four-year project, which was approved in September 1982, that will assist the private sector Child Spacing and Fertility Association in expanding its community-based distribution, training, and population education programs. It will also establish mass media information and education programs, a novel contraceptive logistics system, and a new research and evaluation department. Total AID assistance to the project (from the Economic Support Fund Account) is \$8,542,000, of which \$5,250,000 was obligated in FY 82.

Senegal: Family Health Services - Project No. 685-0217

This is a three-year project which began in FY 79. AID assistance is being provided to create a FP administrative structure which is capable of directing a national program in FP, to create a milieu favorable to FP by supporting an information and education program, and to develop and implement a system for providing FP services. Three key host country organizations are involved in the project: the Ministry of Promotion Humaine, the Ministry of Health, and the International Planned Parenthood Federation affiliate, Association Senegalaise pour le Bien-Etre Familial. The total AID contribution for the project from the Sahel account is \$1,890,000.

Sahel Regional: Demographic Data Collection and Analysis Project No. 625-0928

This project which began in FY 80, assists the Sahel Institute in Bamako to develop methodology for collecting and analyzing data on infant and child mortality, to compile health statistics and determine the population implications of development projects. Up to 20 sub-projects will be implemented in the eight Sahelian countries by the demographic and planning units of national institutions. A Socio-economic Demographic Unit was created in the Sahel Institute in 1977 to carry out this program. The total AID contribution to this 5-year project is \$6,900,000.

In addition to the above bilateral projects, the Africa Bureau has three other regional mechanisms which are used to support P/FP activities.

Project No. 698-0662 titled "Family Health Initiatives" is an umbrella project which permits the Africa Bureau to respond rapidly to unanticipated requests for assistance. In FY 80 assistance was provided to Rwanda (\$500,000) which permitted the design and start-up of the current 5-year bilateral project. Somalia also received \$500,000 in FY 80 for a three-year project which is introducing FP services in Ministry of Health clinics, carrying out an attitudinal survey relating to the practice of FP. This project may also lead to an expanded bilateral effort.

During FY: 80-82, funds from the FHI project have also been provided to Battelle Memorial Institute to carry out attitudinal surveys of leaders in Tanzania, Lesotho, Togo, and Senegal and to establish a Battelle Regional Office in Togo to supervise policy development work which Battelle is performing under its contract with the Office of Population and to provide technical assistance to Nigeria. The Center for Population Activities in Washington received funds to train women from francophone African countries in the planning and management of FP and health delivery systems. The University of Chicago received assistance to train 33 French-speaking participants from Africa in a four-week P/FP communications program in Chicago and two workshops in Senegal and Nigeria. Johns Hopkins University received support to expand on its program with the Office of Population and introduce and establish reproductive health/FP training programs in medical institutions in five African countries.

Assistance has also been provided to the U.S. Bureau of the Census for technical assistance in Togo, the Gambia, Ivory Coast, and Zimbabwe. Columbia University received funds to carry out training courses in FP and Primary Health care for health personnel from Africa.

Obligations in recent years under the Family Health Initiatives project are:

FY 80 - \$1,185,000;
 FY 81 - \$1,297,321;
 FY 82 - \$1,678,000

Project No. 698-0135 titled "Project Development & Support" is used to provide funds for needed technical assistance for project design and technical services. Funds have been provided to the American Public Health Association for

short-term technical assistance of three consultants to develop the bilateral project in Rwanda. A two-year contract was issued to a demographer and computer specialist to assist the Government of Kenya in second-stage analysis of the 1978 Kenya Fertility Survey. Computer accessories were provided to the Government of Malawi to permit planning officials to continue to run simulation models which show the demographic impact of variable rates of population growth. A population advisor was contracted for four months to assist the newly-formed private sector FP association in Burundi to design its organization and program, and in the Sudan, the Mission contracted for services to inventory and assess the numerous P/FP projects which are underway. These are selected examples of the type of assistance provided by this project. Obligations during FY 80-82 total \$331,067.

Project No. 696-9701 titled "Self-Help Population Activities" is administered by U.S. Ambassadors and provides the U.S. Government with an immediate response mechanism for small grants to Host Country organizations who want to undertake P/FP activities. For example, assistance was provided to Mauritius to the Family Planning Association for remodeling one of its clinics to permit the establishment of voluntary sterilization services, and to Action Familiale for thermometers for its natural FP program. In Zambia, funds were provided to the Makishi Theater to include the promotion of FP in performances in small towns. The Ministry of Health is providing the FP services for this project. In the Seychelles, assistance was provided to the Ministry of Health to augment its FP educational program, and in Rwanda, funds were provided to renovate a dispensary in northern Rwanda to provide space for the provision of FP services. Obligations during FY 80-82 under this project total \$193,900.

AFRICA BUREAU POPULATION PROJECTS APPROVED IN FY1982

COUNTRY	PROJ#	TITLE	FY82	LOP
urundi	698-0135	Aguillaume Extension		
urundi	698-0135	Microcomputer Supplies/Equip	22	70
urundi	698-0135	PSC Population Specialist	9	5
Subtotal			31	35
			62	110
ambia	698-0662	Census		
Subtotal			45	45
			45	45
ana	698-0662	Contraceptives		
Subtotal			500	500
			500	500
ory Coast	698-0662	Census/Data Processing		
Subtotal			45	45
			45	45
nya	615-0193	Family Planning II		
nya	698-0135	PSC Linda Werner extension	4000	4000
Subtotal			26	63
			4026	4063
geria	698-0662	PDP II Add On		
geria	698-0662	Social Communications Workshop	196	196
Subtotal			131	131
			327	327
gional	698-0135	Program Dev and Support/REDSOs		
gional	698-0662	Trg for Paramedicals (Col. U)	41	41
Subtotal			500	500
			541	541
anda	696-0113	MCH/Family Planning		
anda	696-9701	Self-help No. 1	500	6250
anda	696-9701	Self-help No. 2	14	14
anda	696-9701	Self-help No. 3	15	15
Subtotal			15	15
			544	6294
hel Regional	625-0927	Regional Demo Data Col & Anal		
Subtotal			1225	6900
			1225	6900
negal	685-0217	Family Health		
negal	698-0662	Social Communications Workshop	500	1890
Subtotal			131	131
			631	2021
chelles	696-9701	Youth Center		
Subtotal			10	10
			10	10
dan	650-0063	Sudan Fertility Control Assn		
Subtotal			596	4815
			596	4815

ogo	698-0662 Census	45	45
Subtotal		45	45
aire	660-0094 Family Planning	348	3940
Subtotal		348	3940
imbabwe	613-0214 Child Spacing and Fertility P.	5250	8542
imbabwe	698-0662 Census/Data Processing	54	54
imbabwe	698-0662 Census/Data Processing Suppl.	76	76
Subtotal		5380	8672
otal		14325	38328

AFRICA BUREAU PROJECT FUNDING FY1982, BY ACCOUNT

	FY82	82PN	82SH	82ES
otal	14325	7350	1725	5250
imum	5	0	0	0
aximum	5250	4000	1225	5250
verage	530	282	66	201

Record Count = 26

TYPE	COUNTRY	PROJ#	TITLE	AGENT	GRANTEE	INPUTS	STATUS	PYS	FY82\$	FY83\$	LOP\$
BIL	Ghana	641-6189	Contraceptive Supplies	USAID	MOH	X	Prelim	0	0	1300	1300
BIL	Kenya	615-6165	Pop Studies & Research Inst.	USAID	Pop Council	T,E,L	Ongoing	2534	0	0	2534
BIL	Kenya	615-6193	Family Planning II	USAID	MOH/K Pop Cncl	E,L,T	Ongoing	0	4660	0	4660
BIL	Lesotho	632-4958	Rural Health Development	USAID	MOH		Ongoing	293	0	58	343
BIL	Liberia	664-6165	Primary Health Care	USAID	MOH		Ongoing	0	500	1800	2800
BIL	Rwanda	696-6113	MCH/Family Planning	USAID	MOH		Stage1	0	500	1800	2800
BIL	Senegal	685-6217	Family Health	USAID	MOH	C,T,E,X,L	Ongoing	1150	500	1400	6250
BIL	Sudan	658-6030	Rural Health Support	USAID	MOH/Promot Hwa	C,E,T,X,L	Ongoing	1390	500	0	1890
BIL	Zaire	660-6094	Family Planning	USAID	MOH	T,E,X,C,L	Ongoing	1881	0	0	1881
BIL	Zimbabwe	613-6214	Child Spacing and Fertility P.	USAID	CNND	T,E,X,C,L	GA	0	340	780	3940
INT	Kenya	932-4887	FPAK 21st Anniversary	Pathfinder	ZCSFAsn	C,I,L,E	Ongoing	0	5250	0	8542
INT	Nigeria	932-4537	Ibadan Adolescent Sexuality	IFRP	Univ of Ibadan	L	Ended	0	35	0	35
INT	Nigeria	932-4537	Lagos Contraception Study	IFRP	Univ of Benin	E,L,T	Ongoing	0	20	0	20
INT	Nigeria	932-4537	Maternity Care Monitoring	IFRP	Univ of Benin	E,L,T	Ongoing	36	24	0	60
INT	Nigeria	932-4537	Post-partum IUD Study	IFRP	Univ of Benin	E,L,T	Ongoing	0	1	3	4
INT	Nigeria	932-4604	Baltimore Training/Clinical Pr.	JHPIEGO	Ife University	C,X,E,L,T	Ended	1	2	0	3
INT	Nigeria	932-4604	Maintenance Center Agreement	JHPIEGO	Multiple	E,T,C	Ongoing	120	27	20	272
INT	Nigeria	932-4604	U Ibadan Physicians Training	JHPIEGO	Focus Mktg	C	Ongoing	33	11	12	100
INT	Nigeria	932-4632	Ibadan CBD	JHPIEGO	U Ibadan	E,T	Ongoing	202	117	121	707
INT	Nigeria	932-4633	Population Policy Development	Col. Univ.	Univ of Ibadan	C,X,E,L,T	Ongoing	212	34	102	470
INT	Nigeria	932-4637	Population Awareness Nigeria	Battelle	Multiple	E	Ongoing	0	219	0	219
INT	Nigeria	932-4638	In-country IEC Workshop	Futures Gp	Multiple	E,T	Ongoing	23	23	20	63
INT	Nigeria	932-4644	PPFH Trg Program Development	U Chicago	Min of Health	E,L,T	Ended	24	0	0	24
INT	Nigeria	932-4651	Adolescent Fertility Management	INTRAH	PPF of Nigeria	E,T	Ongoing	0	26	0	26
INT	Nigeria	932-4651	U California FP Management	UCal S.B.	Multiple	T	Ongoing	0	12	13	39
INT	Nigeria	932-4651	U. Connecticut Master Trainer	U Conn.	Multiple	T	Ongoing	0	14	15	47
INT	Nigeria	932-4655	Pop. Employment - Cities	RTI	Univ of Benin	E,T	Ongoing	0	8	16	42
INT	Nigeria	932-4655	T/A Pop Commission	RTI	Pop Commission	E,T	Ongoing	0	22	0	30
INT	Nigeria	932-4659	Population Information Program	JHU	Multiple	C	Ongoing	50	27	15	100
INT	Nigeria	932-4807	Adolescent Fertility Conference	Pathfinder	Univ Ibadan	E	Ended	46	4	0	50
INT	Nigeria	932-4807	CBD Training	Pathfinder	Oyo State	L,T	Ended	0	4	0	4
INT	Nigeria	932-4807	Family Planning Service	Pathfinder	Univ Benin	C,X,L,T,E	Ongoing	153	169	176	490
INT	Nigeria	932-4807	FP Training Nurse Midwives	Pathfinder	Univ Ibadan	C,L,T,X	Ongoing	0	67	70	137
INT	Nigeria	932-4807	FP Training Student Nurses	Pathfinder	Univ Ibadan	L,T	Ongoing	0	38	30	68
INT	Nigeria	932-4807	Law and Population Research	Pathfinder	Univ Lagos	L	Ended	0	29	0	29
INT	Nigeria	932-4807	Medical School Project	Pathfinder	Univ Ibadan	L	Ended	0	24	0	24
INT	Nigeria	932-4807	Medicare Family Health	Pathfinder	Medicare Assn	C,X,L	Ended	41	0	0	41
INT	Nigeria	932-4807	Participant Training	Pathfinder	MOH Oyo State	L,T	Ended	0	3	0	3
INT	Nigeria	932-4807	Training Family Health Nurses	Pathfinder	Univ Ibadan	T	Ended	0	0	0	0
INT	Nigeria	932-4955	Expansion of FP Services	FPIA	Baptist Hosp	C,X,L	Ongoing	0	54	55	169
INT	Nigeria	932-4955	Family Planning Service	FPIA	Univ of Ife	C,X,L,T	Ongoing	120	77	80	375
INT	Nigeria	932-4955	Family Planning Svc Delivery	FPIA	Baptist Hosp	C,X,L	Ended	10	0	0	10
INT	Nigeria	932-4955	Ibadan Family Life Educ Proj	FPIA	Assn Sport Med	C,X,L,T	Ongoing	0	67	75	222
INT	Nigeria	932-4955	Rural Health/Pop Project	FPIA	Christ Church	C,X,L	Ended	41	0	0	41
INT	Nigeria	932-4955	Training in Population Educ	FPIA	MOH	T	Ended	26	0	0	26
INT	Nigeria	932-4968	Med Fam Hlth IEC Prog Onitsha	IPAVS	Med Fam Hlth P	C,L	Ended	21	0	0	21
INT	Nigeria	932-4968	Univ Ife Ctr Fertility Mgmt	IPAVS	Univ of Ife	C,L,T	Ongoing	20	37	33	100
INT	Nigeria	932-4968	University College Hospital	IPAVS	Univ Ibadan	C,L,T	Ended	32	0	0	32
INT	Sierra Leone	SL-61T	Study of Adolescent Fertility	Undecided	PSSL		Prelim	0	21	0	21
INT	Zimbabwe	Zim-91	Child Spacing & Fert. Assn.	FPIA	ZCSFAsn		Aborted	0	254	234	700
REG	Burundi	698-6133	Aquillane Extension	USAID	Contractor	E	Ongoing	48	22	0	70
REG	Burundi	698-6133	Microcomputer Supplies/Equip	USAID	USAID	C	Ongoing	0	5	0	5
REG	Burundi	698-6133	PSC Population Specialist	USAID	Contractor	E	Ongoing	0	33	0	33
REG	Burundi	BU-61T	ABBEF Grant	USAID	ABBEF	T,E,X,L,C	Aborted	0	250	0	250
REG	Burundi	BU-62T	ABBEF Support	USAID	ABBEF	E,T,C,X,L	Aborted	0	22	0	22
REG	Gambia	698-6662	Census	USAID	BuGen	E	Ongoing	0	45	0	45
REG	Ghana	698-6662	Contraceptives	USAID	MOH	X	Ongoing	0	500	0	500

Country	Project ID	Project Description	Agency	Category	Phase	1980	1981	1982	Total
REG Ivory Coast	698-8662	Census/Data Processing	USAID	BuCen	E	0	45	0	45
REG Kenya	615-8386	AMREF FP/MCH/NUTR PROJECT	USAID	AMREF	T,C,X,E,L	0	0	500	500
REG Kenya	698-9135	PSC Linda Werner extension	USAID/WFS	WFS	E	40	26	0	66
REG Nigeria	698-8662	PDP II Add On	Battelle	Multiple	E,L	0	196	0	196
REG Nigeria	698-8662	Social Communications Workshop	U Chicago	Min of Health	E,T,L	0	131	0	131
REG Regional	698-8135	Program Dev and Support/REDSOs	REDSOs	Various	E	0	41	0	41
REG Regional	698-8135	PSC Population Analyst	AFR/TR/POP	Contractor	E	0	0	50	50
REG Regional	698-8662	MCH & Pregnancy Wastege Study	AFR/TR/POP	IFRP	E,L	0	0	350	350
REG Regional	698-8662	Trq for Paracetamols (Col. U)	AFR/TR/POP	Columbia U	T	0	500	0	500
REG Rwanda	696-8662	ONAPO	USAID	ONAPO		500	0	0	500
REG Rwanda	696-9781	Self-help No. 1	USAID		L	0	14	0	14
REG Rwanda	696-9781	Self-help No. 2	USAID		L	0	15	0	15
REG Rwanda	696-9781	Self-help No. 3	USAID		L	0	15	0	15
REG Sahel Regional	625-4927	Regional Demo Data Col & Anal	USAID	Sahel Inst.	E,T	3400	1225	2275	6900
REG Senegal	698-8662	Social Communications Workshop	USAID	U Chicago	E,T	0	131	0	131
REG Seychelles	696-9781	Youth Center	USAID	FPA	L	0	10	0	10
REG Somalia	698-8662	Family Health Initiatives	USAID	MOH	L	500	0	0	500
REG Sudan	658-8663	Sudan Fertility Control Assn	USAID	SFCA	C,X,T,E	0	596	0	4815
REG Tanzania	621-9171	Arusha Population/Land Use Plg	USAID	UHATT	T,E,L,C,X	0	0	500	500
REG Togo	698-8662	Census	USAID	BuCen	E	0	45	0	45
REG Zimbabwe	698-8662	Census/Data Processing	USAID	BuCen/CSO	E,C	0	54	0	54
REG Zimbabwe	698-8662	Census/Data Processing Suppl.	BuCen	CSO	E,C	0	76	0	76
UND Sierra Leone	SL-92T	MCH/FP/NUTR	Undecided	MOH	T,C,X	0	139	0	139

INPUTS LEGEND:

- C = commodities
- X = contraceptives
- E = technical assistance
- L = local costs
- T = training (in-country and abroad)

TYPE OF PROJECT:

- BIL = bilateral
- INT = intermediary
- REG = regional
- UND = undecided

FUNDING:

- PYS = prior year funding, in 1980s
- FY82S = FY1982 funding, in 1980s
- FY83S = FY1983 funding, in 1980s
- LOPS = life-of-project funding, in 1980s