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CSM FEASIBILITY STUDY

Senegal

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Prepared by ICSMP Consultant:

Steven Samuel

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EDITOR'S NOTE

Contraceptive social marketing programs are also known as commercial retail sales (CRS) programs, contraceptive retail sales (CRS) programs, commercial distribution of contraceptives (CDC) programs, or sometimes simply social marketing programs. In these reports the term CSM is generally used, except when a specific project has adopted one of the above terms as, or as part of, its project name.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
I. BACKGROUND	1
II. PRELIMINARY ASSESSMENT OF CSM POTENTIAL	3
A. Scope of Work	3
B. Present Status of Government Activity	4
C. Contraceptive Advertising	5
D. Potential Sponsoring Organizations	6
E. Government Boards Relevant to CSM Programming	6
F. Outlook of the USAID Mission	7
III. OBSERVATIONS AND RECOMMENDATIONS	7
APPENDICES	
A. Persons Interviewed	9
B. Background Reports in Detail	10

EXECUTIVE SUMMARY

ICSMP Consultant Ralph Susman travelled to Senegal to perform an initial review of the potential for CSM activities from May 23-28, 1981. Susman met with representatives of the USAID Mission in Dakar, several GOS officials representing the Commission Nationale de la Population (CONAPO) and an official of the United Nations Fund for Population Activities (UNFPA).

The impetus for the trip was the news that the Senegalese government had recently taken initial steps away from its longstanding pro-natalist position. The purpose of the consultancy was to determine how rapidly change was occurring in Senegal towards an active family planning policy and to determine whether contraceptive social marketing should be considered in Senegal at this time.

It is the opinion of the consultant that while steps indeed have been taken towards recognizing the need for increased contraceptive availability, the GOS has yet to fully define a policy strategy to promote family planning in any active way. In addition, while discussions with USAID/Dakar were positive in nature, it was the expressed desire of the Mission that the development of family planning programs in the Mission should be postponed until a population officer is assigned in Senegal.

I. BACKGROUND

In 1979, USAID contracted with PIACT of Seattle, Washington, to carry out an overview study of the current status of family planning in Senegal. The study focused on two specific areas: 1) the attitudes of government officials, physicians, midwives, health paraprofessionals, researchers, contraceptive users and potential users toward family planning; and 2) an inventory of existing infrastructures. The report* was based upon meetings with over 50 government, health, social science and donor agency personnel.

*Family Planning in Senegal: Assessment and Recommendations, Michael J. Free and Margot Zimmerman, December 1979. Results of these two reports are further elucidated in Appendix B.

At the request of the USAID Mission, a population assessment team composed of AID and contract employees visited Senegal in February and March, 1981 to design a comprehensive population strategy based on the concern expressed in the CDSS (1982) and to advise the Mission on how to proceed with its bilateral Family Health Project, which was signed in 1979 with the Government of Senegal, but not implemented.*

The following data from a UNFPA report on Senegal (July 1978) illustrate graphically the demographic situation in this country.

- o Census of 1976 indicates a population of 5.1 million.
- o Projected annual population increase is 2.9 percent.
- o Crude birth rate is estimated at 50 per thousand.
- o Crude death rate is estimated at 20 per thousand.
- o Approximately 45 percent of the population is under 15 years of age.
- o Women bear an average of 6.44 children.
- o Average life expectancy is about 40 years.
- o Urban areas comprise 30 percent of total population but contain 95 percent of the nation's doctors and consume nearly all social and medical services.
- o Physician/population ratio is 1/3,500 in Dakar and 1/50,000 elsewhere.
- o Using 1978 birth/mortality rates, population is projected to double by year 2000.

The UNFPA Needs Assessment Mission to Senegal, which authorized the above report, recommended:

- o Establishment of a National Commission of Population reporting to the Prime Minister;
- o Establishment of a unit within the Ministry of Plan to examine the impact of population on other development efforts;
- o Repeal of the French colonial law prohibiting abortion and dissemination of contraceptive information and material.

*-Multi-Year Population Strategy for Senegal, Sarah C. Clark, James C. Knowles, Jean Lecomte and John B. Tomaro, March 9, 1981 (published draft).

By February 1981, the Senegalese Government had implemented components of the three recommendations of the UNFPA. The Commission Nationale de la Population (CONAPOP) was created in October 1979 by Presidential decree and reports to the Minister of Plan rather than to the Prime Minister as recommended by the UNFPA report. A Unite de Population (Population Unit) was established in August 1979 to serve two purposes: 1) to better integrate population variables into development plans; and 2) to serve as the staff for CONAPOP.

On December 24, 1980, the Senegal National Assembly legalized contraception by repealing the decree of 1933 enforcing the French colonial law of 1920 banning abortion, contraception, and the dissemination of materials describing them. Abortion, however, is still prohibited. The Senegalese Family Planning Association (Association Senegalaise pour le Bien-Etre Familial or ASBEF) was reorganized and reactivated in November 1980. The executive secretary is Mr. K. Thiam, a former official of the Ministry of Education. Since taking up his post, Mr. Thiam has carried out a series of visits to important marabouts (religious leaders) throughout Senegal to assess their attitudes towards family planning. These visits were funded by IPPF.

II. PRELIMINARY ASSESSMENT OF CSM POTENTIAL

A. Scope of Work

The identified scope of work for the Senegal trip was to undertake preliminary discussions with AID/Dakar to ascertain Mission understanding of and desire for a CRS program in Senegal. Accordingly, the bulk of this report explores Senegalese government policies and activities regarding population, the current legal status of contraceptive advertising, probable sponsoring organizations, government boards and officials who would be involved if the project is developed, and other such pertinent information at the disposal of Mission staff.

B. Present Status of Government Activity

At present, the Government of Senegal has taken no definitive steps towards promulgating a population policy. While the government did implement the aforementioned important changes recommended by the UN Needs Assessment Mission of 1978, it should be noted that two of these changes were organizational and the third was the repeal of an existing statute held over from the French colonial past. The government has yet to shape and publish a clear and definitive population policy. Representatives of CONAPDP reported that they have prepared a draft population policy, but at present they do not have definite plans to present it to the government.

The absence of definitive policy action is the result of several considerations. First, there is a genuine lack of consensus among government leaders and legislative members as to whether the country needs a population policy, as well as what the direction and content of such a policy should be. In fact, there is a significant contingent of Senegalese in influential positions who deny the existence of a population problem and thus the need to develop a national population policy to promote reduced rates of population growth.

Second, basic bureaucratic decisions are impeding the evolution of a progressive population policy; among them being that the government has not resolved whether the Ministry of Health or Promotion Humaine shall have dominant responsibility for population policy.

Promotion Humaine is presently acting as the lead agency on population activities, but due to a near total absence of clinical staff this Ministry is forced to work through the Ministry of Health which has the clinical personnel.

There has been an apparent agreement to work together on health and population matters between the Ministry of Health and Promotion Humaine. Based upon this new spirit of cooperation the USAID Mission holds out some hope that a basic USAID/Senegal plan can be agreed by the end of June or some time in July.

Third, the marabouts, who maintain considerable power and influence in this conservative and traditional Islamic society, have not as yet proclaimed a unified and definitive view on a population policy which would promote modern methods to advance child spacing and reduce the rate of population growth. The recent meeting of the Islamic Institute in Senegal has reaffirmed its support for the use of contraceptives in limited cases, namely, when the health and well being of the mother was a matter of grave concern. They are not at this time prepared to give unconditional support to a more broadly-based program of contraception.

Finally, the Government has announced elections for 1983 and also recently legalized opposition parties. Given the sensitivity of the population issue, it is reasonable to assume that the Government will not act on the population issue until after the election. It should be noted, however, that President Abdou Diouf, a Moslem, has given indication of the need to space births and reduce population growth rates although his capacity to move expeditiously is tempered by the factors mentioned above as well as his appreciation of the social, cultural, economic and political realities of this traditional and conservative society.

C. Contraceptive Advertising

The action by the Senegal National Assembly of December 1980 in repealing the 1933 decree mentioned earlier in this report may be seen as a very positive step. To date, however, this legislative initiative has not been followed by any clear or positive actions by the Government. Thus, while advertising of contraceptives is now permitted, this legal fact has not resulted in any advertising or promotional activities. In the absence of a clear Government policy there are no Government-sponsored, PVO or international agency projects which would logically serve as a basis for such advertising and promotional activity.

It is generally agreed that any project advertising and promotion activities would need to thoughtfully take into account the cultural and social nuances and sensitivity about religious tradition.

D. Potential CSM Sponsoring Organizations

At the present time the most likely sponsoring organization for CSM programming is the Senegalese Family Planning Association (ASBEF). This organization is well informed on political matters affecting family planning and is generally positively regarded and well connected in the community and in the government.

The Societe Industrielle Pharmaceutique de l'Ouest Africain (SIPOA) is the only pharmaceutical company in Senegal and could play an important collaborative role in a Senegalese CSM program. SIPOA has an established distribution network and is capable of packaging family-planning commodities in addition to its activities as a pharmaceutical manufacturer. This company, which also does work for the Senegalese Government, could make a valuable and important consultant in the design and organization of a CRS project.

In addition to ASBEF and SIPOA, sources of information outside of the government sector include several institutions within the University of Dakar. These include Institut Fondamental d'Afrique Noire (IFAN); the Centre de Recherche Economique Appliquee (CREA), a research institute operating in collaboration with the economics facility; and Ecole Nationale d'Economie Appliquee (ENEA).

E. Government Boards Relevant to CSM Programming

Given what has been noted earlier about the absence of Government boards and officials who might be involved, the matter of which Government Ministry will ultimately be the head agency and who the principal actors will be are matters for speculation at this time. However, contact of a more general sort concerning CRS and other population-related matters in the near future would involve the Ministries of Health, and Promotion Humaine along with the Commission Nationale de la Population (CONAPOP).

F. Outlook of the USAID Mission

It should be noted that Dr. Mike White, Regional Health Officer, was most cooperative and helpful. We were unable to meet with Mission Director David Shear, as he was ill at the time of our visit. However Dr. White stated that the Mission Director is very interested in population activities and clearly recognized their importance in health and development programs. Extensive discussions held with Dr. White and his staff on the idea of a CRS project in Senegal were very positive. It was felt that a properly and carefully designed CRS activity which took full account of cultural, social and religious factors could make a contribution to the wellbeing of the Senegalese people.

Dr. White was quite clear, however, that further consideration of CRS activity should be postponed until two matters are resolved: 1) the promulgation of a positive population policy by the Government and 2) the appointment of a population officer at the Mission in Dakar who would serve as the focal point for all population-related activities and could provide the necessary input into a CRS project.

Dr. White emphasized that new projects must be related to the presence of effective management resources in the community and at the USAID Mission.

It is recommended that full consideration be given to Dr. White's observations about the need for any CRS initiative to await a definitive government policy as well as the addition of a population officer at the USAID Mission in Dakar. Furthermore, it should be noted that the staff at CONAPO also expressed the view that such an initiative must await the promulgation of a government policy.

III. OBSERVATIONS AND RECOMMENDATIONS

CONAPO reported that they have a draft of a new population policy which will be presented to the Government "at some point." It appears that CONAPO is not now a politically potent organization. It no doubt has important functions to carry out. However, it is uncertain as to whether

CONAPOP will develop into a major force in the formulation of a population policy when and if such a policy is developed and promulgated.

Senegal is a suitable place for the development of a CSM project which, if properly designed and promoted, could make a genuine contribution to the wellbeing of the Senegalese people. One cannot stress too often the need to pursue a CRS project and its promotion/advertising component with great concern for the social/cultural and religious traditions of this conservative and traditional Islamic community. Preliminary market research, which is one of the first steps in undertaking any CSM program, would be an invaluable effort in planning a program in Senegal as a means of uncovering the concerns and opinions regarding family planning in this traditional society. This is also particularly needed in Senegal as no contraceptive preference or motivational studies have been carried out to date and none are being planned.

If a CSM project should be initiated in Senegal, it would most likely begin in the Dakar metropolitan area, concentrating its efforts on developing the market and the credibility of its service with subsequent expansion to the capital city of Sine Saloum.

The further development of a CRS project must wait, however, until the Government promulgates a population policy.

In the meantime, AID/Washington and the ICSMP should make every effort to provide exposure for Senegalese opinion makers and decision makers to appropriate international meetings, conferences, seminars and workshops where population programs are being discussed and where thinking can be stimulated. It would be especially useful for such people to be exposed to CSM meetings and any literature, including project reports and publications, which might be available in French.

APPENDIX A
PERSONS INTERVIEWED

Visit to: (Organizations and Locations)

USAID Mission, Dakar

Commission Nationale de la Population (CONAPOP)

Persons Contacted (Position and Affiliation)

Dr. Mike White, Regional Health Officer, USAID Mission, Dakar

Mary Diop, Project Manager reporting to Dr. Mike White

Pat Daly, Project Manager reporting to Dr. Mike White

Mr. Karim Diop, Director of CONAPOP

Mr. M. N'Doye, CONAPOP

Mr. M. Bengelounne, CONAPOP

Mr. Rick Knoop, UNFPA

APPENDIX B
BACKGROUND REPORTS IN DETAIL

PIACT (Program for the Introduction and Adaptation of Contraceptive Technology)

Report titled: Family Planning in Senegal: Assessment and Recommendations

Prepared for: USAID under Order Number Afr.-147-76 by Michael J. Free and Margot L. Zimmerman. Date of Report: December 1979.

Mission tasks were: (1) to present an overview of the current status of family planning in Senegal, including attitudes of the various groups--government officials, doctors, midwives and paraprofessionals, researchers, users and potential users--toward family planning and an inventory of existing infrastructures; and (2) suggest possibilities for program expansion and a strategy for implementing some applied research studies which could help Senegalese officials make decisions upon which contraceptive product introduction and adaptation might be based.

Recommendations: (1) contraceptive products should be adapted for use in Senegal to make them as culturally appropriate as possible. In order to determine the preferences, attitudes and perceptions of the Senegalese toward various contraceptive products, several short-term applied research studies are suggested; (2) suitable instructional materials for various target groups (service providers as well as users) should be developed to explain proper use of all contraceptive products, what to expect in the way of side effects, and how to handle any problems; (3) a long-term research project should be undertaken in Senegal to examine relative risks and benefits of various contraceptive methods versus uncontrolled reproduction; and (4) additional suggestions for the future expansion of family planning programs in Senegal include a social marketing program, community-based distribution and outreach activities, and extensive communication and education programs for both motivation and reinforcement.

USAID Study titled: Multi-Year Population Strategy for Senegal

Prepared for USAID/Washington by: Sarah C. Clark, James C. Knowles, Jean Lecomte, John B. Tomaro. Draft report dated March 9, 1981.

Mission tasks were: (1) to design a comprehensive population strategy based on the concern expressed in the CDSS (1982); and (2) to advise the Mission on how to proceed with its bilateral Family Health Project (0217) signed in 1979 with the Government of Senegal, but not implemented.

Recommendations, which fall into seven different areas, may be summarized as follows:

Demographic Data--analysis and studies be pursued and/or carried out on a limited scale through central contracts to develop research capabilities at the Census Bureau (BNR) and to advance population policy formation.

Research Capability--Research Triangle Institute build on established contacts and that Battelle develop activities with CONAPOP. Support of discrete applied studies will expand capability of Senegalese and regional organizations to address population questions relevant to Senegalese development.

Population Policy--support be channeled to CONAPOP both to follow up the RAPID project and to develop a series of applied studies and analytic seminars on population issues at the national level.

Family Planning Programs--top USAID leadership should participate as necessary in resolving the implementation problems.

The Family Health Project (0217) should be modified to emphasize the following elements:

- o Management development
- o Training of clinical personnel as can be accommodated effectively
- o Assessing and upgrading of existing MCH facilities
- o A broadening of the scope of maternal and child health and family planning services and training (including a limited emphasis on both clinical and public health aspects of infertility)

- o Strengthening information, education and communication programs
- o Supporting ASBEF, the private family planning association.

In order to make the Family Health Project work, the team recognized the importance of increasing the number of trained clinicians and middle and top management personnel for family planning programs. Thus the team recommended:

- o Training opportunities be developed through the project, if possible, and/or through centrally-funded contracts.

Population Impact of Other USAID Projects—population impact and demographic analysis be strengthened in projects and that, where appropriate, family planning services and commodities be delivered through on-going projects.

Other International Organizations--the Mission Director and the person responsible for population matters initiate an informal but regular coordinating mechanism with the UNFPA. From time to time, it will be important to include other donors.

Implications of Recommendations for USAID Management—Mission staffing include full-time direct hire population officer to coordinate this program in country.

Recognizing the time delay and current staffing constraints, the team also recommended:

- o As an interim solution only, that project amendment and negotiation take place with the assistance of a short-term consultant and temporary assignment of direct hire staff, and that the role of one of the technical advisors called for in the project as currently designed be expanded to cover some of these functions.