REPORT

USAID/FAMILY HEALTH AND AIDS PROJECT
PROJECT MODIFICATION ACTIVITY
March 12 – 23, 2001

Final Report
May 9, 2001

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Background:

The "Family Health and AIDS – West and Central Africa" (FHA – WCA) regional project is located in Abidjan, Cote d'Ivoire. This document will refer to the project as FHA in English and where appropriate its French translation SFPS (Sante Familiale et Prévention du SIDA). FHA, funded by USAID, primarily implements its activities in four countries where USAID closed bilateral missions in 1995 – Burkina Faso, Cameroon, Cote d'Ivoire, and Togo. Nine cooperating agencies, five of which maintain staff in Abidjan, implement the FHA project. The technical team of the USAID FHA Management Unit in Abidjan comprised of program manager, technical director, and reproductive health advisor provides oversight and direction of the FHA project under the supervision of the West Africa Regional Program (WARP) Strategic Objective (SO) #2 Team Leader stationed in Dakar, Senegal.

Authorized in 1995 to provide continuing USAID support to the four countries mentioned above, FHA has over time evolved to assist USAID with regional activities. Following the authorization of WARP in 2000, the USAID contracting officer asked FHA to review interventions in the project's last two years, from October 1, 2001 through September 30, 2003, and identify technical interventions that respond to USAID's increased emphasis and funding for HIV/AIDS prevention, care and support and other interventions that create services and products for replication within the WARP region. The geographic mandate for WARP encompasses the current sixteen West African nation members of ECOWAS, plus Chad.

A two-week project modification activity took place in March 2001 to assist the FHA Management Unit to revise the FHA strategic framework and to plan the final two years of activities to gradually respond more fully to the WARP mandate. The USAID Management Unit in Abidjan, FHA project staff, USAID/Washington staff, USAID/Dakar staff, and two consultants provided technical input during the process.

The group was divided into two teams – the Framework Team and the Intervention Team. The Framework Team focused on revising the present FHA strategic framework in accordance with WARP. The Intervention Team reviewed present activities and using the revised framework provided recommendations for future activities in the last two fiscal years of the project (FY 2002 and 2003). Attachment #1 lists the Participants; attachments #2 and #3 describe in detail the modification activity and schedule.

This report will summarize for the reader the assumptions made/used, work accomplished, and recommendations for the FHA framework, FHA intervention matrix, FHA geographic expansion plan, FHA management structure, and post-FHA activities under WARP.

Reframing the FHA Framework 2001 – 2003 in the Context of WARP, General Concepts and Process:

Team Members:
Core Team – Khadijat Mojidi, Bessie Lee, Gary Merrit, and Tom Scialfa
Support from – Valerie Koscelnik, Willy Shasha, Gary Leinen, Felix Awantang, Hope Sukin, and Sara Holtz

A core team of four persons assisted by the USAID Management Unit, a consultant, and USAID staff from Washington, D.C. and Dakar revised the existing FHA project framework to better align it under the WARP Strategic Objective #2 (SO #2) that relates to health activities. The process relied on a review of the current WARP framework, the current FHA project framework, the current year (Fiscal Year 2001) FHA intervention package, brainstorming ideas, discussions with USAID staff, and a consolidation of ideas around new sub-intermediate results (sub-IRs).

The following chart summarizes the major shifts that will be initiated by the FHA project during the last two years of interventions.

FHA Project (1996 – 2000)	FHA Modification (2001 – 2003)
Service delivery in four focus countries: Burkina Faso, Cameroon, Cote d'Ivoire, and Togo. FHA implements all interventions in all four countries.	Consolidating and testing of technical approaches in one or more "demonstration" countries in the ECOWAS region.[1] Expansion of cross-border HIV activities throughout ECOWAS region.
National policies and practices improved.	Moving towards regional dissemination and adoption in ECOWAS countries of effective approaches based on results from "demonstration" countries.
FHA resources are primarily invested in people-focused interventions with direct people-level impact.	FHA resources will shift toward institution-focused interventions with indirect people-level impact.
Building partnerships with host government programs and select African regional institutions in RH and HIV/AIDS prevention.	Building partnerships with regional institutions with broader ECOWAS mandates, e.g. West Africa Health Organization (WAHO) and Society of Women in Africa against AIDS (SWAA).

[1] Demonstration countries will primarily be non-presence countries and will not be restricted to the four former focus countries.

What are Regional Interventions:

Regional interventions are those that build on past FHA project investments, are tested and demonstrated based on people-focused interventions and expand beyond the current four focus countries. Regional interventions will replicate tools and approaches tested through African institutions, coordinate national responses to regional health priorities, and serve multiple countries under ECOWAS.

What are Regional Priorities:

The Framework Team conducted an exercise to elicit and describe issues that have strategic importance to the region. Using a brainstorming session and individual interviews with each of the CAs, the team developed a list of other organizations' ongoing and planned interventions alongside what each CA believes to be the key regional priorities.

All five CAs ranked HIV/AIDS prevention, services, and institutional capacity building to address the HIV epidemic as the top priorities. Also ranked very high were the interventions required to sustain RH and FP services. Attachment #4, "Regional Strategic Priorities, Framework Team Meeting with Individual CAs and Partners," provides the reader with the complete list partner organizations' current and planned activities.

The Framework Team worked on the premise that the WARP SO #2 and its four IRs are official. The framework team decided that recommended changes to the WARP SO #2 and IRs, including new sub-IRs, would accompany the final report and that these suggestions would be submitted to USAID/Dakar for review, further discussion, and official incorporation into the WARP framework by the WARP Advisory Board. The team aimed to revise the FHA framework in order to guide the gradual modification of the existing FHA project to the WARP SO #2 vision and to better describe and delineate the types of activities that the CAs will implement in the remaining two years of the FHA project.

The framework team presented to the entire team and FHA staff its recommendations on day five of the exercise. Based on the comments and questions generated at the end of the team's presentation, the team further refined the framework. The "final" product is a set of sub-IRs for the FHA project that captures the current and proposed interventions and reflects shifts towards a greater regional emphasis. These sub-IRs also relate to the goal and SO #2 of WARP. The team also proposed draft indicators for each of the sub -IRs that the implementation team used during the second week of work when the project modification activity focused on interventions. In this way, the team selected appropriate indicators and targets that reflect the FHA interventions and are supported by existing data to enable reporting of results. The following framework displays the current WARP Goal, SO #2, and its four IRs plus the new sub -IRs. Attachment #5 to this report, "Reframing FHA in the Context of WARP – Proposed Modifications to FHA's Results Framework" describes in detail the steps undertaken in modifying the results framework.

FHA Revised Framework 2001-2003 in the context of West Africa Regional Program (WARP)

WARP GOAL = A POLITICALLY STABLE AND ECONOMICALLY PROSPEROUS WEST AFRICA

WARP SO2 = Increased, Sustainable use of select RH, STI/HIV/AIDS and CS Services and/or Products in West and Central Africa

- WARP IR 2.1 = Increased access to quality RH, STI/HIV/AIDS and CS Services and Products
  - Sub IR 2.1.1. Increased access to quality RH, STI/HIV/AIDS and CS services and products in demonstration countries
  - Sub IR 2.1.2 Increased Availability of quality RH, STI/HIV/AIDS and CS services and products in demonstration countries
  - Sub IR 2.1.3 Improved individual andcommunity norms and behaviors conducive to better health
  - Sub IR 2.1.4 Increased dissemination andadoption of best practices to improve supplyand demand of RH,STI/HIV/AIDS and CS services and products in West Africa
- WARP IR 2.2 = Increased effective advocacy for action in HIV/AIDS, maternal health & Child Survival
  - Sub IR 2.2.1 Increased effficacy of African groups (including civil society) advocating for RH, STI/HIV/AIDS and CS issues
  - Sub IR 2.2.2 Increased number of policy documents and/or tools for RH, STI/HIV/AIDS and CS Programs
- WARP IR 2.3 =Increased public, private and Non-profit capacity for health policy, program development and implementation in the region
  - Sub IR 2.3.1 Improved managerial and administrative capacity of African insitutions serving the region's RH, STI/HIV/AIDS and CS needs
  - Sub IR 2.3.2 Increased African technical capacity to plan, implement and evaluate programs supporting FHA results framework
- WARP IR 2.4 =Increased partner collaboration for transparent and efficient use of resources for developing and implementing health policies and programs
  - Sub IR 2.4.1 Increased mobilization of critical RH, STI/HIV/AIDS and CS resources for West Africa from the Private and Public sectors
  - Sub IR 2.4.2 Increased coordination between development partners involved in RH, STI/HIV/AIDS and CS programs in West Africa

23 March 2001

Recommended Changes to the WARP SO #2:

The current WARP Strategic Objective #2 reads as follows: "Increased Sustainable use of select Reproductive Health, STI/HIV/AIDS and Child Survival Services and/or Products in West and Central Africa." Attachment #6 shows the current WARP Goal and three SOs plus one Special Objective.

Recommended change: *"The Development and Adoption of Sustainable Reproductive Health, STI/HIV/AIDS and Child Survival Approaches and Policies in West Africa."*

Note that the change removes "use" from the SO level. Measuring use is much more appropriate at the IR level of a framework. The recommended change focuses on regional policies and approaches to improving health. Also, the mention of Central Africa is dropped so that the SO is consistent with the WARP mandate to work in the sixteen West African countries that comprise ECOWAS.

WARP IR 2.1 currently reads: "Increased access to quality Reproductive Health, STI/HIV/AIDS and Child Survival Services and Products."

Recommended change: *Increased use of select Reproductive Health, STI/HIV/AIDS and Child Survival Services and Products in West Africa."*

Note that "use" is now placed at the IR level. Indicators for the new IR 2.1 would include Increase in Contraceptive Prevalence Rate (CPR) in Demonstration Countries, Increase in Condom use in Demonstration Countries, and Increase in ORS use in Demonstration Countries.

WARP IR 2.2 currently reads: "Increased Effective Advocacy for Action in HIV/AIDS, Maternal Health and Child Survival."

Recommended change: *Increased Advocacy for Policy Change and Improved Outcomes of Select Reproductive Health, STI/HIV/AIDS and Child Survival Programs in West Africa."*

Note that the addition of policy change in IR 2.2 is more reflective of a regional intervention than is "advocacy for action". Indicators for the new IR 2.2 would include {{*currently under discussion*}}

WARP IR 2.3 currently reads: "Increased Public, Private and Non-Profit Capacity for Health Policy Program Development and Implementation in the Region."

Recommended change: *Increased African Institutional Capacity to Plan, Implement, and Evaluate Sustainable, Select Reproductive Health, STI/HIV/AIDS and Child Survival Programs in West Africa."*

Note that the focus is now on African institutional capacity and their ability to evaluate as well as plan and implement programs. Indicators for the new IR 2.3 would include {{*currently under discussion*}}

WARP IR 2.4 currently reads: "Increased Partner Collaboration for Transparent and Efficient use of Resources for Developing and Implementing Health Policies and Programs."

Recommended change: *"Increased and more Efficient use of Resources for select Reproductive Health, STI/HIV/AIDS and Child Survival Programs in West Africa."*

Note that focus is now on mobilizing more resources and using them more efficiently. The existing IR 2.4 includes "transparency" and this is not within the manageable interest of the FHA project between 2001 and 2003. Thus, "transparency" was excluded in the recommended change. Indicators for IR 2.4 would include {{*currently under discussion*}}

The following framework displays the current WARP Goal as well as the proposed SO#2, proposed IRs, and the new sub-IRs.

FHA Revised Framework 2001-2003 in the context of West Africa Regional Program (WARP) with Proposed WARP SO #2 Changes

WARP GOAL = A POLITICALLY STABLE AND ECONOMICALLY PROSPEROUS WEST AFRICA

WARP SO2 = Increased, Sustainable use of select RH, STI/HIV/AIDS and CS Services and/or Products in West and Central Africa

Proposed: The development and adoption of sustainable RH, STI/HIV/AIDS, and CS approaches and policies in West Africa

WARP IR 2.1 = Increased access to quality RH, STI/HIV/AIDS and CS Services and Products

PROPOSED: Increased use of select RH, STI/HIV/AIDS and CS services and products in West Africa

- Sub IR 2.1.1. Increased access to quality RH, STI/HIV/AIDS and CS services and products in demonstration countries
- Sub IR 2.1.2 Increased Availability of quality RH, STI/HIV/AIDS and CS services and products in demonstration countries
- Sub IR 2.1.3 Improved individual and community norms and behaviors conducive to better health
- Sub IR 2.1.4 Increased dissemination and adoption of best practices to improve supply and demand of RH,STI/HIV/AIDS and CS services and products in West Africa

WARP IR 2.2 = Increased effective advocacy for action in HIV/AIDS, maternal health & Child Survival

PROPOSED: Increased advocacy for policy change and improved outcomes of select RH, STI/HIV/AIDS and CS programs in West Africa

- Sub IR 2.2.1 Increased effficacy of African groups (including civil society) advocating for RH, STI/HIV/AIDS and CS issues
- Sub IR 2.2.2 Increased number of policy documents and/or tools for RH, STI/HIV/AIDS and CS Programs

WARP IR 2.3 =Increased public, private and Non-profit capacity for health policy, program development and implementation in the region

PROPOSED: Increased African institutional capacity to plan, implement & evaluate sustainable, select RH, STI/HIV/AIDS and CS programs in West Africa

- Sub IR 2.3.1 Improved managerial and administrative capacity of African insitutions serving the region's RH, STI/HIV/AIDS and CS needs
- Sub IR 2.3.2 Increased African technical capacity to plan, implement and evaluate programs supporting FHA results framework

WARP IR 2.4 =Increased partner collaboration for transparent and efficient use of resources for developing and implementing health policies and programs

PROPOSED: Increased and more efficient use of resources for select RH, STI/HIV/AIDS and CS programs in West Africa

- Sub IR 2.4.1 Increased mobilization of critical RH, STI/HIV/AIDS and CS resources for West Africa from the Private and Public sectors
- Sub IR 2.4.2 Increased coordination between development partners involved in RH, STI/HIV/AIDS and CS programs in West Africa

23 March 2001

Rationale for the Proposed WARP SO #2 Framework Changes:

WARP SO2's current focus on "use" does not coincide with WARP's overall mandate – institution-focused interventions that have indirect people-level impact. The proposed wording also removes reference to Central Africa that is not part of ECOWAS.

Once WARP's governing board changes SO2, it is appropriate to incorporate "use" at the IR level and adopt IRs that focus on the "use of" select services and products that influence the adoption of sustainable approaches and policies in the specific areas in which FHA works.

IR 2.1 intends to demonstrate impact on two levels: 1) people-focused interventions that have direct people-level impact, and 2) institutional-focused interventions that have indirect people-level impact. To accomplish this, the FHA project has proposed and adopted four sub-IRs. The combination of these four sub-IRs captures the shift from people-focused to institutional-focused interventions. Sub-IRs 2.1.1 and 2.1.2 will continue to capture interventions that currently account for the majority of the FHA project interventions in the former focus countries. Interventions and resources will no longer focus exclusively on four focus countries. Products and services will have to demonstrate usefulness, relevance, and high probability of use in the region. The project will accomplish this by shifting interventions and resources to selected demonstration countries.

Note, except for exceptional circumstances, the project will choose one or two of the former focus countries as demonstration countries. Indicators for Sub-IRs 2.1.1 and 2.1.2 would include those that measure direct, people-level impact and also include increase in CYP or number of service providers trained, condoms sold, etc.

Sub-IRs 2.1.3 and 2.1.4 now capture the shift towards more regional level changes through the adoption of better health tools and practices. Sub-IR 2.1.3 highlights the importance the role a community plays to make and act upon decisions. Support for interventions outside the clinic are as important as efforts conducted inside clinic settings.

IR 2.2 focuses on advocacy for policy change which will in turn result in desired health outcomes at various levels – regional, national and operational. The two Sub-IRs listed under IR 2.2 complement one another: the first focuses interventions on assisting African groups that advocate policy change and the second Sub-IR focuses on the results of the FHA project's current portfolio of interventions that improve operational policy.

IR 2.3 focuses on sustainable African institutional capacity and the institutions' ability to evaluate as well as plan and implement programs. The modified IR 2.3 puts additional emphasis on policy improvement, defines institutions more broadly, and includes national governments. Two Sub-IRs accompany and focus on regional institutions improving managerial and administrative capacity and on the institutions' technical capacity and sustainability.

IR 2.4 focuses on mobilizing increased resources and utilizing them more efficiently. The new IR 2.4 no longer refers to transparency, because it is not within the manageable interests of the FHA project from 2002 –2003. However, FHA does remain committed to assuring transparency in all project investments and accounting for funds. In the post-FHA period of WARP (FY 2004 – 2008), FHA should revisit the question of where to place transparency. The framework team merged two Sub-IRs in to one: mobilize resources and demonstrate increased resources at the country level for people-focused interventions and demonstrate how to coordinate resources to avoid duplication of effort and geographic coverage. This is also where FHA will develop technical tools and approaches for adaptation by other donors and programs.

Planning for FY 2002 and 2003 Interventions - Process and Overall Recommendations:

Team Members:
Core Team - Shirley Coly, Miriam Labbok, Peter McDermott, and Ron MacInnis

Support from – Meba Kagone, Basile Oleko Tambashe, John Agbogavo, Christine Sow, Youssouf Sawadogo, Claudia Vondrasek, Regina Traore, Jacqueline Devine, Margaret Sancho, Paul Hoedom Sossa, Eliane Dogore, Jean-Claude Crinot, Valerie Koscelnik, Willy Shasha, Gary Leinen, Felix Awantang, Hope Sukin, Koudaogo Ouedraogo, and Sara Holtz

The Intervention team was charged with the task of recommending priority interventions for the final two years of the FHA project; proposing possible geographic expansion of FHA, especially HIV/AIDS activities, in ECOWAS countries; recommending activities that should be either added/expanded or diminished/ended; and proposing ways of sharing FHA successes and lessons learned throughout the WARP region.

First the Intervention Team spent one week in the field verifying FHA activities in Burkina Faso, and then it conducted a debriefing for the FHA project staff and the Framework Team. The subsequent discussion affirmed the Intervention Team's findings and initial recommendations. Next, the team undertook a thorough review of current and proposed FHA interventions with the FHA project staff in Abidjan keeping in mind the following important concepts/points:

1. USAID has increased importance and funding for HIV/AIDS prevention.

2. Small shifts in the FHA project's emphasis in its last two years will aim to consolidate and test technical approaches in some but perhaps not all of the four focus countries, move towards a concept of "demonstration" countries, increase dissemination and adoption of products and tools in ECOWAS countries, and strengthen partnerships with regional institutions.

3. Realize that only two years remain for activity/project implementation.

In the last two days of the exercise the core members of the Intervention Team spent two hours working individually with the Chief of Party and respective staff of each of the five FHA cooperating agencies reviewing proposed interventions for the final two years of the project. These one-on-one discussions revolved around the Intervention Team's recommendations and assisted each of the cooperating agencies to better understand how USAID will view proposed interventions and how each CA might better prioritize proposed interventions. Attachment #7 contains the full summary of these discussions.

Overall Recommendations from the Intervention Team:

The following is a list of the major recommendations made by the Intervention Team. Please refer to Attachment #8 for the complete report.

1. There is a need for greater urgency and a stronger response to the HIV/AIDS epidemic in West Africa. There is a critical need to sensitize national leaders and their respective ministries of health, the NGO community, and other donors to the magnitude of the problem and the need to act now.

2. FHA must prioritize HIV/AIDS interventions and develop a more streamlined HIV/AIDS strategy for programming additional funds. The Intervention Team proposed and scheduled a workshop for April 2001 to prioritize HIV/AIDS interventions including plans for the continuation of regional HIV/AIDS prevention in the post-FHA years.

3. Increase support to the cross-border PSAMAO project that targets HIV/AIDS prevention to truck drivers, sex workers, and migrants. Enhance PSAMAO's geographic coverage and also expand the programming of current activities to include groups such as customs officials and young girls who work in the small bars and lodging establishments along truck routes.

4. Improve the complementarity of major interventions. Two or three messages from each sector should be incorporated into each of the other sectors' work to reinforce each other. Since FHA has a wealth of experience in developing and disseminating information, it must increase awareness of HIV/AIDS and its prevention by incorporating HIV messages with FP and child survival (CS) when and where appropriate. For example, expand the concept of "dual-protection" for women to include child spacing or discuss CS messages in FP settings.

5. In the next two years, FHA should identify major regional health issues and their impact to enable better-informed decisions by WARP.

6. Develop unit costing for FHA interventions so that other development partners understand the costs involved in replicating services. FHA should design new interventions to achieve the greatest cost efficiency possible. This effort may require Operational Research.

7. Develop a phase-down strategy, particularly in the area of FP, that would consolidate, build on economies of scale, concentrate on sustainability and improve cost-effectiveness of interventions.

8. FHA assisted by USAID should strive to increase coordination with NGOs, faith-based organizations, and USG programs such as the CS grants and Food for Peace programs funded from BHR/PVC.

9. Stay the course in FP with the addition of one or two new interventions. FHA is known first and foremost for the excellent work in family planning services,

the "Gold Circle" program in Burkina Faso being an example of outstanding service delivery. With USAID assistance, begin a dialog with other donors in the former focus countries to secure commitments for continued support leverage additional funds for the family planning activities.

10. Seek multi-lateral support for RH commodities and condoms. At the same time as the FHA project ends, the region will have an even greater need/demand for contraceptives and condoms.

11. Consider expanding the current method mix for family planning in the "Gold Circle" clinics to include low-cost, independent methods such as LAM and NFP.

12. Develop a dissemination strategy for the valuable lessons learned, tools developed, and research findings, including the DHS/MACRO surveys that will take place in 2002, to decision and policy makers in ECOWAS. Establish a clearinghouse for this information, especially in the area of HIV/AIDS, with a regional partner.

13. Concentrate efforts on capacity building of select regional partners, especially new partners such as WAHO and SWAA that have a regional focus.

14. Shift the current focus and resources applied by PSI in the marketing of Orasel for diarrhea management towards an emphasis on prevention and overall diarrhea management.

By the middle of week two the FHA project staff had adopted the Framework Team's recommendations for new Sub-IRs and endorsed the proposed changes in language for SO #2 and IRs under the WARP framework. Each CA then began the process of drafting interventions for the final two years of the project with assistance from the Intervention Team members.

The team designed an intervention matrix for FY 2002 and FY 2003 to capture the following information: CA and partner (if used), Intervention under the appropriate Sub-IR, Location with start and end date for the intervention by quarter of the fiscal year, and Cost of the intervention (cost reflects the "on the ground budget" and excludes any home office overhead or charges). A column remained for future use in prioritization exercises. An Example of the intervention matrix format for FY 2002 follows.

FHA INTERVENTION MATRIX FYO2

CA/PARTNER	ACTIVITY RANK	**{{Space is left here for IR or Sub-IR}}** INTERVENTIONS	START – END DATES BY LOCATION BY QUARTER	COST $ (000)

General Themes and Recommendations that Emerged from the Modification Activity:

What follows is the summary of the discussions by the entire team and FHA project staff at the end of the two-week project modification exercise. Several general themes and recommendations emerged from this forum.

Background:

The FHA Project ends in September 2003 with no indication at this time that USAID has begun designing an activity that will implement RH, STI/HIV/AIDS, and CS services under the WARP. It seems very unlikely that USAID will provide an additional two years of authorization since the effort involved in providing an extension will equal or exceed the effort required by USAID in designing a new health initiative for implementation under WARP SO #2.

History for those new to USAID:

The FHA project finds itself in a unique and awkward position. In 1995 after more than fifteen years of operation, USAID's Assistant Administer gave marching orders to close a number of bilateral Missions in West and Central Africa, among them Burkina Faso, Cameroon, Cote d'Ivoire, and Togo. These bilateral missions had made great investments in FP and CS and had placed special emphasis on service delivery. USAID signed and authorized FHA very rapidly in 1995 as a "stop-gap" measure to bridge funding and continue to build on former RH bilateral projects and investments made during the previous fifteen years. The FHA "bridge" is anchored in what was to become known as the four focus countries. Currently the other end of the bridge does not exist, so FHA must construct it in the next 18 to 20 months.

The Challenge for FHA:

USAID asked FHA to increase its efforts in the area of HIV/AIDS, because the agency has both increased funding and a mandate to do more, especially in Africa. This is an anomaly for a project that would decrease spending and not initiate new activities in its last two years. USAID has also asked FHA to review all project interventions in its last two years and maximize efforts and activities that have a regional impact. This represents a shift away from the original mandate in that the many successes of FHA have centered on people-level interventions in the focus countries. Again, investment strategies do not usually shift at the end of a project. Furthermore, FHA must establish new indicators and targets for interventions designed to produce institutional and regional level impact. Therefore, the tried and true success of increasing access and availability of contraceptive services with increases in contraceptive prevalence rates is diminished. This means that the future reporting by the FHA project will move away from people-level targets and towards institutional and capacity building indicators. A shift in investments in people-level interventions decrease to accommodate more investment in institutional and capacity building for the region will create a gap in resources devoted to RH services in the former focus countries. FHA is committed to searching for other donor support to meet the ever-increasing demand for FP and CS services. The project modification

activity has assisted in shifting, where possible, the investments and future activities towards the regional mandate envisioned by WARP.

The Challenge for USAID:

USAID must accept the reality that FHA will soon end and that in all likelihood USAID will not continue to work as it did in the past in the former bilateral countries of West and Central Africa. FP, HIV/AIDS, and CS activities under WARP will not be an automatic continuation of services that FHA presently implements. USAID must help the FHA project identify and leverage other donor resources for service delivery programs, particularly family planning service delivery services in the former focus countries. USAID must begin developing a comprehensive health strategy and set of interventions for the post-FHA project years, FY 2004 – 2008. Time is of essence if USAID wishes to build upon the successes of FHA and connect the "bridge" that began in 1995 as FHA. As FHA closes out activities in the last year of the project, USAID must have in place a strategy and program under WARP to fund health interventions in the region. Carleene Dei, the new Director for WARP, will arrive in Bamako in April and will need to decide how to manage the WARP SO #2. The current management configuration is far from ideal with the PHN Officer in Dakar, Senegal serving as both the WARP SO #2 Team Leader and the USAID/Senegal PHN team leader. The incumbent reports to and is directly supervised by the USAID/Senegal Mission Director and also reports to the WARP Director in Bamako.

Decisions Made:

FHA replaced the strategy of "focus countries" and adopted the concept of "demonstration countries." Under the focus country strategy, FHA implemented all interventions in all four countries. During the project's final two years FHA will adjust investments and interventions to achieve service models, training curriculum, and products for dissemination that ECOWAS can easily adopt. The shift means that FHA does not need to carry out the same interventions in all four (former focus) countries. Rather, FHA will decide where to plan interventions for the entire region based on the success of these interventions in one or more demonstration sites. FHA will give more attention to regional and national institutions that can become important resources for ECOWAS.

FHA will design and implement an HIV/AIDS strategy during the remaining two years of the project. FHI will take the lead in organizing an HIV/AIDS strategic planning exercise and include staff from USAID/Washington, USAID/Dakar, UNAIDS, CDC, and other donors. This activity will take place during a week in April or May. This is crucial so that the FHA project can quickly expand HIV/AIDS interventions in a manner that will maximize impact in the region and provide a base for continued support under WARP.

The team agreed upon a new approach to planning interventions to facilitate the USAID review and contracting process. It also designed, discussed, and put into practice an intervention matrix for the final two years of FHA activities. The new

matrix displays interventions by IR or Sub-IR and shows the cost of the intervention. In addition, FHA changed the process for planning interventions in the final two years of the project. Each CA will propose interventions for the final two years using a 115% level of the budget and will designate up to 60% of the total interventions its "priority" interventions. This will force CAs to identify their most important interventions and explain in a few sentences why the activity is important, how it links to other interventions, and what the intervention will achieve.

USAID's Management Unit will now have the opportunity to review each CA's proposed interventions and provide feedback. Next, the FHA UMT will review all of the individual CA proposals for consistency in cross-cutting themes, shifts in the direction of regional outcomes, and increased attention to HIV/AIDS in light of the April/May HIV prioritization exercise. The UMT will then prepare a draft workplan for review by USAID's Management Unit. Based on discussions between USAID and the FHA UMT, an agreed upon workplan with budget will be submitted to USAID/Dakar's Regional Contracts Officer for funding. This process is to be completed by the end of May. Attachment #7 provides a detailed report of the Intervention Team's discussions with each one of the FHA CAs.

Works in Progress:

- Completion of the intervention matrix for FY 2002 and 2003
- Completion of the indicators and targets for the new results framework
- USAID/Dakar submission of the proposed changes to WARP SO #2 and IRs to WARP's Advisory Board

Proposed Activities for WARP SO #2 in the Future (FY 2002 – 2008)

Some of these activities may begin under FHA; others may have to wait for future WARP SO #2 projects. These activities are based on WARP being able to build upon the achievements of the FHA project, USAID's comparative advantage, and the regional mandate of WARP.

- **Regional Contraceptive Procurement, Supply and Distribution System:**

WARP must assure contraceptive security for the members of ECOWAS. USAID has been the leader in contraceptive logistics and supply forecasting. WARP could advocate for increased donor support for contraceptives and provide the technical assistance to coordinate contraceptive procurement, shipping, warehousing, and distribution within ECOWAS. Bilateral programs would benefit from this activity as well. Potential country-level stock-outs could be foreseen and averted if a Regional Contraceptive Supply and Distribution System were maintained. There would be an enormous scale of economy in commodity procurement and more uniformity in the products provided.

Linked closely to a secure supply of contraceptives is the role that WARP should play in bringing together the multi-lateral and bilateral donors within ECOWAS to create a regional donor forum where the various donors better coordinate their inputs and complement each other. WARP should create and sustain this forum.

- **Centers of Excellence:**

WARP needs to cultivate, grow, and support Centers of Excellence in various facets of health care service delivery, training, and management in ECOWAS. USAID should take the lead under WARP to identify institutional services most in demand and strengthen existing facility(ies) or organization(s) to become the region's "Center(s) of Excellence."

- **Data for Decision Makers:**

Data on which to make informed decisions is critical to the national ministries of health. WARP should become the focal point for collecting and disseminating the latest, most relevant health data and studies. In this manner every country in the region would receive the same data, their analyses, and results from recent operational research. Findings from East and Southern Africa regarding the HIV/AIDS pandemic are the harbinger of what may happen in West Africa without immediate attention. Country-specific Demographic and Health Surveys contain a wealth of information on trends in RH, knowledge and behavior critical to stemming the HIV epidemic. Country-specific examples of positive change should be shared within the region.

- **Regional Institutional Capacity Development:**

WARP should begin working with two regional organizations: the West Africa Health Organization (WAHO) and the Society of Women in Africa against AIDS (SWAA). Both have broad geographic scopes and work actively in policy advocacy. WARP will also need to identify other ways to support other types of regional institutions.