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TRIP REPORT:

PARTICIPATION IN REDSO/AID PROJECT DESIGN TEAM TO DEVELOP THE IEC COMPONENT OF THE LESOTHO FAMILY HEALTH INITIATIVES PROJECT

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Executive Summary

The Johns Hopkins University/Population Communication Services (JHU/PCS) Consultant, Robert P. Worrall, participated in a Regional Economic Development Support Office/East and Southern Africa (REDSO/ESA) Project Design Mission which visited Lesotho from February 2 to 21, 1986. He was responsible for developing the information, education and communication (IEC) input to the Project Identification Document (PID) and the Project Paper (PP). Included in the terms of reference were a review and assessment of IEC and health education activities of the Ministry of Health (MOH), Lesotho Planned Parenthood Association (LPPA), Lesotho Distance Teaching Center (LDTC), and the Ministry of Information and Broadcasting (MIB); an overall IEC program plan to be funded through the Family Health Initiatives Project (FHIP) based on the needs of the family planning program; and a description of the goal, purpose, activities, budget, implementation arrangements and end of project status.

The team consisted of Barbara Kennedy, REDSO/ESA Population Specialist, Team Leader; Carolyn Barnes, REDSO/ESA Project Design Officer, Team Leader during the second and third weeks; Anton Dalhuijsen, Operations Research Specialist, Columbia University, and Robert P. Worrall, IEC Specialist representing JHU/PCS. Allan Foose, Population Advisor, Southern Africa, and Kuwaye Kumunga, representing the Georgetown University Natural Family Planning Project (NFPP), joined the team during the third week.

Robert P. Worrall holds degrees in agricultural education, journalism and adult education. For nearly 20 years he worked in rural agricultural extension education, which included the use of mass media. Beginning in 1966 he conducted development communication work in India; developed and managed an Agency for International Development (AID) supported IEC training, research and documentation project in Hawaii; served as Vice President and President of the Population Reference Bureau and completed IEC consultancies in Bangladesh, India, Egypt and Pakistan.

Representatives of REDSO/ESA reviewed the status of population and family planning activities in Lesotho in February 1984 and returned in April and December 1985 for follow-up discussions of a Family Health Initiatives Project in the country. (See memo from Barbara Kennedy to Edna Boorady, dated December 13, 1985, appended to this report.)

REDSO/ESA representatives took cognizance of the population program assistance committed by other international agencies, in particular the United Nations Fund for Population Activities and the World Bank, as well as the population-related assistance being provided by AID, for example, the Combatting Communicable Childhood Diseases Project (CCCD). The UNFPA project supports training of core MCH/FP trainers, orientation courses for health workers, training materials and supplies and equipment. The World Bank project to be activated in April, provides $1.9 million toward a comprehensive plan

including some $400,000 for IEC development. The REDSO/ESA team recommended three kinds of assistance by AID: (1) contraceptive supplies and family planning logistic support, (2) IEC support, and (3) operations research to test alternative delivery systems. An agreement was reached with MOH that the LPPA would be the lead agency for project implementation. During the subject mission, however, AID agreed to provide the technical assistance for IEC development which is included in the World Bank plan and thus IEC support in the FHIP is shared by LPPA and the Health Education Unit (HEU) of the Ministry of Health.

Accordingly, the Consultant held lengthy discussions with the HEU leading to the inclusion in the project/PID paper of AID support to HEU for (1) a six-week consultancy by an IEC management expert, (2) annual eight-week consultancies by a campaign planner/evaluation expert, (3) a four-week consultancy in family life education, (4) a four-week consultancy in radio production, use and evaluation, and (5) $40,000 for production of six to eight pamphlets on family planning for use with illiterate or semi-literate audiences.

Assistance to the LPPA includes the costs of (1) a national and three regional workshops on family life education, (2) production of printed materials for specialized audiences, including policymakers, married men, youth and young adults, health providers, students and teachers, (3) production of videos, purchase of film and slides, (4) conferences and seminars for parliamentarians, and other opinion leaders, (5) purchase of audio-visual equipment and supplies and (6) family life advisory and counselling services for youth.

Technical assistance requirements of the LPPA are coordinated with those of the MOH and taken into account in the scheduling of activities.

Both the Health Education Unit and LPPA will contract some of the services required in the FHIP to the LDTC and the Instructional Media Resource Center (IMRC). The Consultant met with staff of both facilities and developed the basis for this collaboration.

The Consultant makes the following recommendations to JHU/PCS and/or AID/Maseru: (1) that JHU/PCS respond positively to the Mission's request for close collaboration on the FHIP, (2) that JHU/PCS join with AID/Lesotho in urging the GOL to name the replacment for the Chief of the HEU as promptly as possible, (3) that JHU/PCS and the Mission make an effort to influence Makuba Petlani's graduate program to include media training, (4) JHU/PCS should work closely with other AID-funded cooperating agencies to assure good working relationships among expatriate advisors and consultants sent for specific tasks and to be of maximum assistance to Lesotho counterparts, (5) that JHU/PCS should explore with the Africa Bureau and AID/Maseru the funding situation to determine how much will be available for technical assistance in Lesotho, (6) in selecting the consultant on family life education, JHU/PCS should explore resources available in Africa or, as an alternative, organizations such as IPPF with experience in African family life education.

LIST OF ABBREVIATIONS

AED	-	Academy for Educational Development
AID	-	Agency for International Development
ANC	-	Africa National Congress
BANFES	-	Basic and Nonformal Educational Systems Project Lesotho
CBD	-	Community-Based Distribution
CCCD	-	Combatting Communicable Childhood Diseases
CS	-	Catholic Secretariat
EPI	-	Expanded Program of Immunization
FHIP	-	Family Health Initiatives Project
FHI	-	Family Health Initiatives
FLE	-	Family Life Education
GOL	-	Government of Lesotho
HEU	-	Health Education Unit
HSA	-	Health Service Area
IEC	-	Information, Education and Communication
IPPF	-	International Planned Parenthood Association
IMRC	-	Instructional Media Resource Centre
JHPIEGO	-	Johns Hopkins Program for International Education in Gynecology and Obstetrics
KAP	-	Knowledge, Attitudes and Practice
LDTC	-	Lesotho Distance Teaching Center
LFS	-	Lesotho Fertility Survey
LPPA	-	Lesotho Planned Parenthood Association
LYS	-	Lesotho Youth Services
LWA	-	Lesotho Women's Associations
MCH/FP	-	Maternal and Child Health/Family Planning
MOH	-	Ministry of Health
NCDC	-	National Curriculum Development Center
NFP	-	Natural Family Planning
ORT	-	Oral Rehydration Therapy
PC	-	Peace Corps
PCS	-	Population Communication Services
PHC	-	Primary Health Care
PHAL	-	Private Health Association of Lesotho
PID	-	Project Identification Document
PITSO	-	Community Meetings
PP	-	Project Paper
REDSO/ESA	-	Regional Economic Development Support Office/East and South Africa
STD	-	Sexually Transmitted Diseases
UNFPA	-	United Nations Fund for Population Activities
UNICEF	-	United Nations Children's Fund
URTNA	-	Union of National Radio and Television Organizations of Africa
VHW	-	Village Health Worker
WHO	-	World Health Organization

INTRODUCTION

A REDSO/AID project development team visited Lesotho from February 2 to February 21, 1986 to review key planning and project documents, hold discussions with government and non-government counterparts and review selected family planning activities in the field in preparation for developing the design for the Family Health Initiatives Project and writing the project/PID paper. The team consisted of Barbara Kennedy, Population Specialist, REDSO/ESA; Carolyn Barnes, Design Officer, REDSO/ESA; Anton Dalhuijsen, Operations Research Specialist, Columbia University Center for Population and Family Health; and Robert P. Worrall, IEC Specialist representing the Johns Hopkins University Population Communication Services Project. Allan Foose, newly appointed Population Advisor for Southern African countries, and Kuwaye Kamanga from Zambia, representing the Georgetown University Natural Family Planning Project, joined the mission during the final week.

The team's scope of work identified information, education and communication, contraceptives and logistics management and research and evaluation as the components of the FHI project. Activities to be considered for funding included training of MOH and LPPA IEC staff; production of IEC materials; community education; purchase of contraceptives and related equipment; technical assistance in forecasting, storage, distribution and usage of MCH/FP supplies and improving local capability to conduct FP research and evaluation.

The IEC specialist was responsible for reviewing and assessing IEC and health education activities of the MOH, LPPA, the Lesotho Distance Teaching Center and the Ministry of Information and Broadcasting, developing an overall IEC program plan with specific activities to be funded through the project and developing a description of the goal, purpose, activities, budget, implementation arrangements and end of project status.

Although the REDSO/ESA representatives did not arrive until the second day of the mission, the operations research and IEC team members were able to use the time effectively in briefing by the AID/Lesotho Project Officer, Dean Bernius, and undertaking a review of key documents. The presence of

the World Bank team headed by Ved Kumar was of particular value since the Bank-assisted project approved by the government for implementation beginning April 1 includes substantial IEC operations research, training and contraceptive supply components. Discussions between the two teams resulted in important understandings concerning coordination of assistance.

The REDSO/ESA representatives reduced the projected length of the mission from 21 to 19 days. However, in the final analysis, the design officer remained on to February 23 to finalize the project/PID paper.

The team was provided excellent support by the mission, particularly by Dean Bernius, Project Director, and Betty Boorady, Mission Director, who met with the team on four occasions. Top level staff of the MOH made themselves available. However, the head of the HEU was often preoccupied with other responsibilities, and a final debriefing with the MOH and cooperating agencies failed to materialize. The LPPA was readily available and cooperative throughout.

The highlights section of this report draws heavily on the language of the project/PID paper left by the design team with the mission. The conclusion and recommendations section, however, focuses on the implications of the mission, and the proposed project activities in Lesotho for the PCS project.

HIGHLIGHTS OF IN-COUNTRY WORK

A. Factors Affecting the Delivery of IEC Services

The kingdom of Lesotho has a population of approximately 1.4 million with an annual growth rate of about 2.3 percent. Only about 13 percent of the land is arable and three quarters of the country is occupied by high mountains. Nearly 85 percent of the de facto population is engaged in agriculture, mostly subsistence farming. Approximately 130,000 of the Lesotho male population are employed in South Africa. Over the next decade, this number is expected to decrease. How to absorb these men into the Lesotho labor force is the economic question that spurs interest in reducing population growth.

Acceptance of family planning is low. Only 23 percent of ever married women report ever having used a modern or traditional method. Only 7 percent are current users. (Lesotho Fertility Survey, LFS)

As a result of MOH and LPPA communication activities, two thirds of ever married women have heard of any contraceptive method. The LFS found that some 20 percent were willing and intended to use contraception. Of those responding to a 1976 (LDTC) survey who said they had heard of family planning, 42 percent named the clinic as the source; 93 percent said their parents never talked to them about family planning; 92 percent said the subject had never been mentioned to them by a minister of religion; 49 percent said they had heard a talk by a family planning educator; and 72 percent had heard of the family planning association.

Of the ten people who had first heard of family planning on the radio, five heard it on Radio Bantu, the rest on Radio Lesotho or Radio Botswana. Half the men said they had been on contract labor in South Africa, but only one said he had heard about family planning there.

Aside from the sheer problem of reaching people in this rugged country, the employment of half the labor force in South Africa, and the lack of employment opportunities other than agriculture, the IEC task is formidable due to the desire for large families (total fertility rate 5.6) and a high infant mortality rate which reinforces that desire. Eighty percent of the population is Christian and half of those are Roman Catholic. A substantial portion of private health care is offered through Catholic hospitals and clinics. The Catholic Secretariat has conducted some training in natural family planning, but to date, the number practicing these methods is small. There is no doubt that Catholic opposition to so called artificial methods of contraception is a barrier to demand creation for family planning.

B. Other Relevant Donor Assisted IEC Activities

The Family Health Initiatives Project design team recognized the family planning related assistance being provided by other donors including the World Bank, UNFPA, UNICEF, FAO, and other family planning AID initiatives.

1. <u>World Bank</u>

The World Bank Project, expected to become operative in April, includes U.S. $1.9 million for health and family planning and specifically some $400,000 for IEC. In order to meet the MCH/FP priorities of primary health care, the project emphasizes the need to upgrade the quality and availability of service by improving the skills of workers. This includes:

-- Training of nurse clinicians and nurse midwives, motivational training and use of IEC materials, and support for Village Health Workers (VHW);
-- Training of VHWs concerning the benefits of family planning and provision of non-surgical services;
-- Population and family planning education;
-- Collection and analysis of family planning data;
-- Equipment and supplies;
-- Technical assistance for family planning, IEC delivery and client record management.

The training of VHWs, nursing school and teachers training tutors and health service area (HSA) staff has particular implications for the FHI project which focuses its IEC support on the HEU. The World Bank Project includes family planning education for VHWs, family planning and family life education for nursing school and teacher training college tutors, and training in interpersonal communication including instruction in the use of cassette players, projectors, hand-held megaphones and family planning kits for HSA staff.

The IEC component of the Project places major responsibility for production of inputs with the Lesotho Distance Teaching Center (LDTC) under a contract dated September 2, 1985 in the amount of $245,056 to provide the following:

-- Research and Evaluation

To include (1) a survey to assess the availability of communication media in each health service area; (2) KAP baseline data to ensure effective use of IEC materials.

-- Development and Production of Materials

To include (1) 10,000 copies of three pamphlets and two posters; (2) 1,000 manuals on each of six campaigns including family planning, breastfeeding, STDs and tuberculosis and leprosy.

-- Production of Radio Programs

To include (1) production of three thirty-minute programs each week for four years; (2) purchase of prime time on Lesotho Radio; and (3) preparation of three manuals based on the content of selected broadcast themes.

The Center will also train HEU staff in the use of materials and together with the MOH hold quarterly meetings to monitor progress.

2. UNFPA

Two current UNFPA supported activities are related to the objectives of the FHI project; (1) training management trainers, and (2) incorporating population education into rural development projects. FAO and UNESCO are the implementing agencies for the latter.

The management training project is designed to strengthen the capacity of the MOH to deliver MCH/FP services. Under the project, 30 trainers will be trained in family planning techniques by a consultant recruited and backstopped by IPPF. The trainers will be drawn from HSAs, LPPA, nursing schools, MOH, PHAL and nurse clinician schools. These trainers will organize 25 workshops over the next two years, each with 15 participants, and retrain 1,875 VHWs at three-day courses and on-the-job training. A specially designed training manual has

been prepared and will be used in the first workshop February 24 to March 26, 1986. The curriculum includes instruction in the use of audio-visual aids, overhead transparency, slide and film projectors.

The UNFPA-assisted project to integrate population education into rural development activities extends FAO involvement which began in 1979. A National Conference on Planning for Better Family Living, organized by FAO within the last two years, resulted in tacit agreement by a number of agencies located in different ministries as well as private sector organizations to participate. Enthusiasm dwindled following the conference and it now appears program activity will be limited to the Rural Development Ministry.

3. UNICEF

UNICEF is involved in a number of MCH activities including immunization, growth monitoring, and breastfeeding promotion. No specific family planning activities are foreseen. However, any increase in the length of breastfeeding obviously will have a positive influence on the inter-birth interval. UNICEF is involved in the training of VHWs and is providing them with VHW kits.

4. WHO

WHO was expected to implement the UNFPA-assisted VHW training project but the MOH chose the LPPA instead. A pending proposal by WHO to the MOH identifies training of an administrative support team in communication skills, primary health care, medical sociology and management as areas of potential support. A second area is the organization of workshops for various levels of health service providers designed to create appropriate attitudes toward primary health care and MCH/FP.

It was learned during the team's visit that WHO will fund a masters degree study program for Makuba Petlani, the Chief of the Health Education Unit, at the University of North Carolina, beginning

in September 1986. The team expressed concern that his course should include strong media content in addition to the health components.

5. USAID

USAID, through the Combatting Childhood Communicable Disease Project (CCCD), is carrying out a variety of activities which supplement the MCH/FP objectives of the FHI project. Of direct importance to FHI support for the HEU is the provision by CCCD of a Peace Corps volunteer graphic artist and the proposed placing of a long-term mass media expert as an advisor to the HEU.

6. IPPF

The International Planned Parenthood Federation (IPPF) is the major supporter of LPPA, averaging $350 to $400 thousand dollars per year, excluding commodities. Because of the withdrawal of AID support, the 1986 operating grant to Lesotho is only $284,000. The LPPA IEC work program includes family planning motivation through local meetings (pitsos), seminars for chiefs, church leaders and other opinion makers, male motivation and teacher training in family life education.

C. IEC Capability in MOH-HEU and LPPA

1. Health Education Unit

The Health Education Unit (HEU) is the IEC arm of the MOH and serves a planning, coordinating, production, training and implementation role.

It was developed in 1972 with AID support under the MCH/Child Spacing Project for the purpose of developing an in-house capability within MOH for support of rural sanitation and water improvement. The staff consists of nine who hold B.S., B.A. or M.P.H. degrees and/or diplomas, three others holding Junior Certificates, and one with local health assistant training.

The Chief Health Educator, Makuba Petlani, has an earned degree in the U.S. and has headed the unit for 12 years. The Deputy Chief, M. Tatitople, holds a diploma in health education. Under the AID-supported Rural Water Sanitation and Supply Project, an MPH in Health Education and Administration serves as Advisor, and, under the CCCD Project, an MPH in Health Education is also provided as an Advisior.

The Unit has four 16mm motion picture projectors, five slide projectors, seven tape recorders, four cameras, three overhead projectors, nine duplicator/photocopiers, nine generators, an offset printer and related equipment, broadcast quality audio recording and editing equipment, and miscellaneous other audio-visual equipment and supplies. The offset printing machine is capable of printing one color small format materials, but the staff is not familiar with its operation.

The consultant was told during the mission that a video recording and playback system had been acquired but it was not in evidence during visits to the HEU.

The World Bank Implementation Volume includes $69,800 for the purchase of IEC equipment "including cameras and cassette recorders" from Bank funds plus $7800 from GOL funds. Presumably all this equipment will be directed to the HEU.

Clearly, the HEU suffers from the lack of sound management practices, calibre of staff, academic preparation and on-the-job training. The consultant was told that the unit is supported by projects and in effect has no dependable budget from the MOH. Funds are shifted between projects and the full amount intended for IEC purposes within a project sometimes fails to be made available to the HEU.

In terms of personnel, the Chief, HEU, stated that he has little control over the qualifications of his staff since he has to accept

those sent to him by the Establishment Division. The current staff is made up largely of health educators and home economics instructors who have very little IEC training.

The staff is over-extended, in part, because of the demands of the several projects and, in part, because of poor management. Teaching health education in schools, distribution of VHW kits, and the printing of various MOH forms are examples of questionable staff use.

Given the limited capacity of the staff and its lack of familiarity with such technology as offset printing, audio and video recording equipment, the only alternative is to rely on the LDTC, the IMRC, Radio Lesotho and other facilities for production of IEC inputs. The policy of LDTC and IMRC is to work collaboratively with clients rather than to assume the responsibility for the creative elements or to develop strategy for the use of IEC inputs. As presently constituted, the HEU is not well prepared to work on a collegial basis with the LDTC, IMRC or other similar highly professional units.

The Chief of the Unit identified staff training, family life education, health journalism, graphics design and production, and technical assistance in terms of staff management and ways to use research and evaluation in designing effective campaigns as priority areas for AID support.

AID assistance to the HEU under the FHI Project is limited to technical assistance with the exception that $40,000 is being provided for "six to eight pamphlets to be developed for semi- and/or illiterate people on family planning." The draft project/PID paper proceeds from an assumption that AID will provide the technical assistance necessary to facilitate the World Bank Project IEC objectives. This includes one IEC management consultant for six weeks at the outset and one broadbased IEC advisor for eight weeks in each year of the Project. Additional technical assistance not envisaged in the World Bank Plan included in the Project/PID paper includes family life education and radio production.

2. LPPA

Two headquarters staff and 18 field educators constitute the IEC staff of the LPPA which has a total staff of 60. The IEC Officer, Kefumane Taka, holds a B.A. degree from the National University of Lesotho, majoring in Sociology. He came to LPPA from Lesotho Radio approximately a year ago. The Assistant, Manapo Mokitimi, has a B.A. degree in Sociology from NUL and previously worked for the Red Cross. She joined LPPA in 1985.

The Association's IEC resources are limited to six motion picture projectors, 16 films, 1 camera, five cassette recorders, one slide projector, three hand-held megaphones, six generators, four public address systems, and one projector screen.

Interpersonal communication through the field educators represents a major IEC strategy. However, Lesotho Radio provides free time and is considered an important element of the Association's IEC activities. No motivational materials have been produced since 197/, and field educators apparently have little or no audio-visual or materials inputs for their face-to-face meetings.

In terms of major subject areas identified as needing AID assistance, family life education is a high priority. Youth in Lesotho are experiencing a high rate of STD, teenage pregnancy and school dropout, aggravated by the gradual decline in traditional social values and norms. The Association is interested in developing resources to assist youth with these problems. Both with youth and adults, the sensitivity to contraception and family planning in general, particularly among adult groups, makes IEC delivery difficult. Use of mass media which reach all age levels simultaneously increases the chance of repercussions unless messages are carefully designed and recognize family and civic responsibilities.

LPPA is giving attention to male responsibility for family planning which constitutes a specialized IEC task. Another priority

area is building awareness and interest among parliamentarians and other opinion leaders, e.g. religious leaders.

Specific needs identified by LPPA included production of films and videos in the local language, purchase of externally produced films, printed materials, training for more effective use of radio and technical assistance to improve the use of radio and the expansion of family life education activities.

AID support to LPPA as included in the project/PID paper is elaborated in the Appendix B.

D. IEC Research, Evaluation, Planning and Production Facilities Available to MOH-HEU and LPPA

The Lesotho Distance Teaching Center, LDTC, is a non-profit organization under the Ministry of Education established by AID in 1974 to facilitate the use of distance teaching methods -- booklets, leaflets, correspondence and radio -- to extend education widely and at low cost. An important aspect of the Center's work is producing materials for other organizations and providing training in the use of modern communications technology.

Of special importance to the FHI Project is the LDTC experience in developing pre-testing and post-testing educational materials and conducting KAP surveys. In cooperation with LPPA (then LFPA) the Center, beginning in 1975, produced a variety of materials on family planning appropriate to a broad audience and conducted a baseline survey of attitudes toward family planning. In the second phase, materials for specialized audiences were produced (e.g. "Thabo's Homecoming," a photo-strip accompanied by radio spots and posters) and a survey conducted to compare attitudes with those of the baseline survey. No comparable survey of KAP toward family has been done since this project, the report of which was published in 1980.

The Instructional Media Resource Center of the National Curriculum Development Centre is another AID-assisted facility which provides a

variety of media services to both Government and private sector agencies. The IMRC has directed the majority of its services to activities of the Ministry of Education, for example, the AED BANFES Project, but is available to other sectors as well. The staff, which includes two Americans, is highly skilled in video production, radio production, motion picture and still photography and materials production.

The fee structure of both these facilities is substantially less than that of commercial agencies providing similar services. This, plus their public service orientation, makes them invaluable to the HEU and LPPA. Unfortunately, it also implies that their time and availability is increasingly committed.

COMPONENTS OF AID ASSISTANCE UNDER THE FHI PROJECT

A. Lesotho Planned Parenthood Association

1. National and regional workshops in family life education

The project will support an integrated series of workshops beginning in the first year with a national workshop at Maseru involving a cross section of agencies with potential interest in family life education. Attendance will include but not be limited to representatives of MOH. LPPA, Womens' Bureau, PHAL, LYS, LWA and NUL. In recognition of its lead role, the LPPA will be represented by its senior headquarters staff and 18 field educators. In addition to presentations by representatives of participating organizations, invited papers will be presented by key educators, government officials, church leaders and social service providers. The Conference is designed to coincide with the availability in Lesotho of an international expert in family life education provided under the FHI project to the MOH.

2. Production of printed materials to promote wider family planning awareness, interest and acceptance; to enlist support of opinion leaders for family planning; to promote male motivation; and reach other relevant groups with family life education.

The information and education staff of the LPPA lacks the specialized knowledge needed to maximize the contribution of printed materials to the association's program, particularly pretesting techniques and evaluation of audience impact. The LPPA budget has not been adequate to accommodate a sufficient volume of printed materials and none has been available from the MOH for the past four years.

Under the accompanying HEU component an international consultant with special competence in health/FP journalism will be available in Lesotho for two months during the second year of the project. It is anticipated that this consultant will also be available to LPPA for one-on-one training and staff seminars focusing on the specialized aspects of materials production including how to write for specific audiences, how to make decisions regarding when to use print media, how to design pretesting activities and how to evaluate the effectiveness of print materials. Special attention will be given to techniques aimed at adapting materials to illiterate and semi-literate audiences.

3. Video production, film and slide set purchase

Film showings have been an important element of the LPPA effort to inform, educate and motivate target audiences on the various aspects of family planning. Unfortunately the films which have been provided in the past by IPPF and other donors and purchased by LPPA are either entirely worn out or reduced in effectiveness by their age. Of the films owned by LPPA none are in Sesotho and they are often inappropriate for Basotho audiences. The Association has few slides and no videos.

The budget provides for the purchase of six prints of 12 new film titles and 8 slide sets. The Association will receive videotape equipment in order to begin the training of its staff in this new technology. The LDTC has agreed to provide this training and to contract with the Association for the production of one video in the Lesotho language in each year of the project.

4. Conference and seminars for parliamentarians and other opinion leaders

Recent changes in Government transferring additional responsibility to the traditional Chiefs suggests that they should be provided with current information on demographic trends and the potential of family planning and family life education to affect those trends. The LPPA has experience in conducting special events for parliamentarians and is especially qualified to fulfill this function on behalf of the Government.

The project includes support for two one-day conference/seminars each year for four years including the costs of food, educational materials and rent of facilities. All seminars will be held in Maseru and, as appropriate, the attendance will be supplemented by church leaders, media representatives, professional people, and government officials.

5. Audio-Visual equipment and supplies

LPPA motion picture projection equipment has been in heavy use for several years and breaks down with increasing frequency, often damaging the few films available to the Association.

The only audio tape recorders available are cassette models which are adequate for recording inputs for meetings, clinic and household presentations, but are unsatisfactory for preparing high quality radio presentations where editing is required. The Association has only one 35mm reflex camera capable of producing good quality slides and black and white photographs.

The project provides for the purchase of two motion picture projectors together with the necessary spare parts and projector screens; four reel-to-reel tape recorders plus spare parts and tape splicing equipment, video cassette recorder, color monitor and accessories, and two 35mm reflex cameras. Requisite supplies of audio and video tapes and photographic film are also being provided.

6. Family Life Advisory and Counseling Services for Youth in Lesotho

Currently there is no agency, either Government or private, which provides counseling and guidance to young people concerning problems arising from drug use, teenage pregnancy, sexually transmitted diseases, school drop out, unemployment and other such aspects of contemporary life. The LPPA has been active in family life education since 1978 and is interested in expanding its service to include counseling and guidance for young people in Maseru and eventually elsewhere. The project provides support for a small cross sectional study of parents, youth 15 to 24 years of age, teachers, community leaders, policymakers and clergymen in Maseru and rural Thaba-Tseka. The results of the study will be shared in a meeting with representatives of youth organizations, concerned Government ministries and other non-Government organizations. Guidelines for the establishment of a guidance and counseling center in Maseru and potentially in other locations will be developed at the meeting. A follow-up study of the same sample will be made midway through the project period and at the end of the project period to obtain community reactions to the service.

The project will cover the cost of external training, training for one counselor/advisor (who will train two additional counselors) and their stipends for the first year of the Center's operation. The Centre for African Family Studies in Nairobi is expected to provide the training. The LPPA will be responsible for obtaining the stipend from cooperating agencies in the succeeding years of the project.

B. The Health Education Unit - MOH

Support for the HEU is confined to technical assistance designed to maximize the impact of the World Bank's substantial IEC input. The scheduling of technical assistance coordinates the needs of the HEU, LPPA and other relevant agencies.

1. Technical Assistance: IEC Management and Subcontractual Planning

Because the World Bank-assisted project is expected to be initiated in April and the FHI Project will only be approved in September, AID/Lesotho will provide the six-week technical assistance originally described in the World Bank Plan. The purpose of this assistance is to develop a four-year management plan and facilitiate contractual arrangements between and among the collaborating agencies. It is expected that special one-on-one training of HEU staff will emphasize budgeting, equipment use, staffing and on-the-job training.

2. Technical Assistance: Campaign Planning, Health Journalism, Campaign and Program Evaluation

The Ministry's plan to undertake six specialized campaigns focusing on MCH/FP, ORT and diarrheal diseases, EPI, breastfeeding, sanitation and TB/STD requires a thorough examination of capability of the HEU and mobilization of its resources to effectively provide leadership.

The project provides for a senior specialist with broad experience in developing country population information, education and communication service delivery for technical assistance to the MOH and other relevant agencies involved in carrying out elements of the World Bank-assisted program. The specialist consultant will visit Lesotho for two months each year and assist both in the planning and scheduling of the campaigns under the World Bank Program and participate as appropriate in their implementation. He/she will assist and advise the LDTC and HEU staff and participants from other organizations on such evaluation procedures as pre-testing and post-testing of materials and media inputs included in the campaigns. In the fourth year the specialist consultant will assist the HEU and LDTC staff in evaluating the overall impact of the campaigns and developing guidelines for conceptualizing, organizing, implementing and evaluating future such activities.

3. Technical Assistance in Family Life Education

Both the Health Education Unit, MCH/FP and the LPPA have identified family life education as an area requiring increased attention. The project provides for a special consultant for a period of 30 days during the first year of the project to assist the HEU, the LPPA and other interested groups in building family life education into their programs. The consultancy is designed to coincide with a national conference on family life education, the leaders for which will be provided by the LPPA. It is anticipated that the consultant will be recruited from the Centre for African Family Studies in Nairobi.

4. Technical Assistance in Radio Production, Use and Evaluation

Both HEU and the LPPA enjoy an excellent relationship with Lesotho Radio which includes the free broadcast time as well as limited access to editing and recording facilities. Except for remote mountain areas, radio is well received throughout the country and rural people are accustomed to receiving substantive information on the elements of primary health care through this medium. There is inadequate knowledge concerning the most effective ways of delivering family planning messages via radio in Lesotho and the responsible staff both of HEU and LPPA are relatively inexperienced and untrained in radio production, use and evaluation.

The project provides for a specialist with the full range of radio production, use and evaluation skills to spend 30 days in Lesotho during the second year of the project sharing his/her skills with HEU, LPPA, LDTC and possibly other relevant agencies. The specialist will serve as a counterpart to the HEU staff member responsible for radio and will train that person and others who will serve as backup staff. The specialist will endeavor to strengthen relationships between HEU and LDTC which will continue to facilitate radio programming after the project is complete.

It is anticipated that the specialist will be recruited from the African regional radio organization, URTNA, headquartered in Dakar. This organization is experienced in designing effective input of family planning information for local radio programming.

CONCLUSIONS AND RECOMMENDATIONS

Clearly AID is well respected among the several donor agencies active in Lesotho and the FHI team benefitted from this reservoir of good will. In representing health and population concerns, the team benefitted from the regular and sensitive involvement of AID mission staff, notably Betty Boorady and Dean Bernius in its substantive discussions with key Basotho officials. Respect was also evident for the work previously done in Lesotho by Barbara Kennedy and Carolyn Barnes. Allan Foose was warmly received, indicating that his previous service as executive of the PHAL was thoughtfully and sensitively carried out.

The impact of AID-assisted institutions and projects consistently contributes to an attitude of confidence and goodwill on the part of Basotho -- for example, the LDTC, the IMRC, the CCCD and BANFES projects, each of which has been characterized by highly capable staff and advisors. The FHI Project will benefit from this uniformly positive perception of AID assistance.

The recent transition in the Government is likely to be a positive factor for the FHI project and other population activities as well. The coup has popular support and was accomplished without bloodshed. Political parties have been abolished and administrative responsibility returned to the Chiefs, 22 of whom are members of the parliament. The new Minister of Health, Dr. Strong Thabo Makenete, is a medical doctor who is respected for his past work during which he expressed support for family planning. Relations with South Africa are stabilized now that Lesotho has expelled elements of the African National Congress (ANC). It was the opinion of many local observers that the environment for expanding family planning activity is better than ever before.

The AID Mission's impression of the Johns Hopkins University, based on past performance, is first rate. The Mission's experience with JHPIEGO, PIP, PCS and the visit by Miriam Labbok to explore NFP research are viewed very positively. Clearly, the Mission will be looking to JHU/PCS for assistance in providing the technical assistance included in the FHI project as well as for such services as providing prototype materials,

advising on the purchase of films and slides, reproducing videotape presentations on 16mm film, etc.

The key factor in determining the effectiveness of the FHI Project, and as a consequence the IEC objectives of the World Bank Project, is the performance of the HEU. As presently constituted the Unit is not capable of taking on the additional responsibilities which will be required by the World Bank Plan activities. Without strengthening, the Unit is not in a good position to take effective advantage of the annual consultancy designed to help plan six IEC campaigns. The planned departure of Makuba Petlani simply exacerbates the problem.

Another variable is represented by the plan to locate an expatriate mass media advisor in the HEU under the CCCD Project. Presumably this will take place by early summer and could very well coincide with the six-week tour of the IEC management specialist written into the World Bank Project and presumably to be recruited by JHU/PCS. If these two specialists mesh well, there should be no problem, but since the management specialist is expected to assist the Chief of the Unit to reorganize its functions and at the same time assist in developing the four-year plan, the Chief may have some difficulty finding adequate time to interact adequately with both.

Recommendations

(The Consultant's recommendations as they relate to AID's support of IEC development in Lesotho are embodied in the PID/Project Paper. The following recommendations are directed to JHU/PCS in the context of its expected participation in the FHIP.)

1. Both the representatives of REDSO/ESA and the relevant officers in AID/Lesotho strongly desire that the JHU/PCS be closely involved in the implementation of the FHI Project. The consultant served a liaison function between the Project Design Team and JHU/PCS in terms of the basis for such involvement.

The technical assistance for IEC development originally provided for in the World Bank Project, now part of AID's responsibility under the FHIP, though expensive, is vital to the project. JHU/PCS should explore with the Africa Bureau and AID/Maseru the funding situation to determine how much will be available for technical assistance in Lesotho. To provide regular continuing assistance and cooperate with existing donors and agencies, JHU/PCS would need buy-in funds of approximately $80,000 to $100,000 over the four-year period.

2. The Ministry of Health is limited by staff and facilities in its ability to implement IEC activities. The Ministry recognizes the potential contribution of non-governmental organizations notably the LPPA and encourages their IEC efforts. However, the Ministry takes the position that IEC development should be coordinated by the HEU and has from time to time convened representatives of relevant organizations for this purpose. JHU/PCS should encourage routine meetings of those groups most closely involved in family planning/IEC, notably the HEU, LPPA, PHAL, LDTC, and IMRC along with donors to plan and implement themes, campaigns and related activities in a coherent reinforcing pattern.

3. JHU/PCS should work closely with other AID-funded cooperating agencies, e.g., Healthcom and AED to assure good working relations among expatriate advisors and consultants sent for specific tasks and to be of maximum assistance to Lesotho counterparts.

4. The planned departure of Makuba Petlani, Chief of the Health Education Unit, for graduate study in September represents a potential serious management problem for the FHFP. AID/Maseru and JHU/PCS should urge the GOL to designate Mr. Petlani's successor as quickly as possible in order that the new Chief and the IEC management specialist due to visit Lesotho in May can interact directly.

5. Interest in family life education is rapidly increasing not only within the Ministry of Health but among a significant variety of non-governmental organizations in Lesotho. In August 1985 representatives of the LPPA, National University of Lesotho, Lesotho Womens Association and Lesotho Youth Society participated in a five-country

consultation on FLE in Swaziland organized by the Center for Africa Family Studies with input by WHO and IPPF. The delegation from Lesotho designed a youth counselling and guidance project which will receive support under the FHI project. In selecting the consultant on family life education, JHU/PCS should explore resources available in Africa or, as an alternative, organizations such as IPPF with experience in African family life education.

APPENDIX A

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APPENDIX B

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FAMILY HEALTH INITIATIVES

I. BACKGROUND

A. Population Overview

The Kingdom of Lesotho has a population of approximately 1.5 million people with an annual growth rate of about 2.3 percent. Although the growth rate is lower than in other countries in the region, the population is growing fast in relation to the physical and economic resource base. Only about 13 percent of the country has arable land and almost seventy-five percent of Lesotho is covered by the high Maluti mountain range. Subsistence farming dominates the domestic economy and 85 percent of the de facto population are dependent upon or engaged in agriculture. A significant feature of Lesotho is its economic dependency on the Republic of South Africa (RSA) which totally surrounds the Kingdom. Approximately 100,000 - 130,000 Basotho are employed in the RSA and Lesotho is heavily dependent on their remittances. However, employment in RSA is expected to decrease and over the next decade Lesotho will have a difficult time of absorbing its labor force in productive employment domestically. The economic situation spurs concern about the need to reduce the population growth rate.

Approximately 50 percent of the adult males between 20-49 years old are employed in mining or other jobs in the RSA. The migration of men to RSA for employment is reflected in the sex ratio of Lesotho. According to 1981 estimates, the overall sex ratio was 76 males per 100 females for the de facto population. There is no evidence, however, to substantiate that male migration results in lower fertility rates of women. The birthrate is over 42.6 per 1,000 population.

The Lesotho Fertility Survey (LFS), conducted in 1977, found an average completed fertility rate of 5.7 - 6.0 children. The population census scheduled for April 1986 will provide data to update information on fertility rates. Using the definition of marriage to include any type of recognized union, the LFS found that by the age of 45, less than 3 percent of the women had never been married. Less than 10 percent of the married women were in a polygamous union.

Infant and maternal mortality rates are known to be generally high, although the vital statistics are unreliable due to underreporting of births and deaths. Infant mortality is estimated to be between 106-130 per 1,000 births and maternal mortality is estimated at 3.7 per 1,000 births. Deaths in children under age five account for some 4U percent of all mortality in Lesotho.

B. Government Policy and Regulations Related to Family Planning

Both the Second Five Year Development Plan (1975-1980) and the Third Five Year Development Plan (1980-1985) are explicit about the importance of family planning and the need to reduce the population growth. At the Mexico World Population Conference, the GOL Minister of Health stated:

> "My Government has accepted that it is imperative for all national pograms toadopt policies that would lead to a reduction in the rate of population growth, so that at the very minimum, it is at common pace with the country's economic growth. In this regard the Lesotho government, like most nations, has accepted improvement of the quality of life of all the nationals. Population management as a factor and an integral part of the overall national development policies and strategies is recognized and acknowledged by the Government and people of Lesotho."

Nevertheless, as the Minister pointed out, these policy statements have not yet been effectively translated into strong actions or programs.

There is no law which restricts or prohibits the use of various types of contraceptives. However, the Medical, Dental and Pharmacy Order No. 13 of 1970, restrictions apply to the sale and dispensing of oral contraceptives because of their chemical substances. The law prohibits their sale except by a registered corporate, or a registered pharmacy. Moreover, sales are prohibited without a signed prescription by a registered medical practitioner. In practice, nurses often make out prescriptions for the pills. Under a pilot scheme, the Lesotho Planned Parenthood Association (LPPA) is testing a community based distribution system whereby local people resupply women with pills and sell barrier types of contraceptives, such as condoms, jellies, foaming tablets and creams. The barrier contraceptives are not covered by the 1970 regulation. However, these supplies are only available in pharmacies, clinics and hospitals, rather than commercially. The commercial marketing of barrier contraceptives seems to be related to the lack of social acceptance.

The MOH has overall responsibility for determining health policy and for planning and directing the development of the national health care system. The MOH operates 11 hospitals and 39 clinics. Ten of the MOH clinics located in remote mountain areas are managed and supervised by the Lesotho Flying Doctors Service, a parastatal agency. Non-governmental organizations provide health services in nine hospitals and 86 clinics. All of the private sector hospitals and 70 of the clinics operated by religious mission agencies. Roman Catholics operate four hospitals and 40 clinics, thus they are the largest providers of health services in the private sector. The religious

Lesotho (PHAL) whose objectives include strengthening cooperation and collaboration with the GOL and representing mission interests to the MOH. PHAL does not perform a financial management role for the channeling of external support and each mission retains control over its fees and operations. The private sector also includes 16 Red Cross clinics and a few clinics operated by local communities.

The MOH has been providing family planning services since 1979 and some PHAL health facilities also offer them. In addition, there is the Lesotho Planned Parenthood Association (LPPA), which has been in operation since 1974. LPPA operates 10 family planning clinics and 17 outstations, often in collaboration with a hospital or clinic. The Association has 65 paid staff. The program consists of clinical services, motivational work, training of paramedical workers, family life education and women's projects.

The Lesotho Catholic Secretariat (C) has conducted some training in natural family planning. To date three people have been trained as trainers in natural family planning.

To facilitate the coordination of the delivery of health services, the Government has instituted a decentralized scheme in which administrative authority for health has been delegated into Health Service Areas (HSAs). There are 18 HSAs, five of which are in Maseru District. Each HSA has a hospital serving as a referral point and logistics support center for all rural clinics operating in the area, regardless of ownership/public private.

D. Contraceptive Use

The use of family planning methods is very low. The LFS found 23 percent of the ever married women reporting to have ever used a modern or traditional method. Only seven percent were current users of any family planning method. In comparison, a small survey undertaken in 1979 by the Lesotho Distance Teaching Center (LDTC) on behalf of LPPA, showed a higher level of contraceptive use, excluding the withdrawal method. About seven percent reported that they or their partner were currently using a method of contraception. The most commonly used method was the pill (45%). In 1982, the total number of reported users of all methods of contraception for 1982 was about 7 percent, indicating that the proportion of contraceptive users has remained about the same. Very high drop-out rates occur especially among pill users. Those using contraceptives tend to be predominantly younger women, rather than older women who want to limit their number of children.

Through communication activities of the MOH and LPPA, such as pamphlets, radio broadcasts, lectures, most women are aware of family planning. The LFS showed that two-thirds of the ever married women had heard of a contraceptive method. Most were familiar with the pill (46%). Among the male and female interviewees in the LDTC 1979 survey, 43 percent had heard about family planning: 61 percent of the urban and 46 percent of the rural sample. The LFS found a group of some 20 percent who were willing and intended to use contraception.

E. Other Donor Support for Family Planning and Related Activities

(TO BE COMPLETED)

II. PROJECT DESCRIPTION

A. Goal, Purpose and Strategy

The Program goal is to reduce the population growth rate in Lesotho by a reduction in the fertility and crude birth rates.

The purpose of the Project is to improve the capacity to provide family planning information, education, communication and family planning services. Accomplishment of this purpose will be reflected in achievement of the following objectives:

- The MOH, LDTC, LPPA, and CS have demonstrated the capability to utilize research and evaluation data to improve their program activities.
- The GOL and LPPA plan and conduct effective information education and communication activities.
- There is strengthened, effective collaboration and coordination between MOH, LDTC, LPPA and PHAL institutions.
- The rate of contraceptive use will have increased by at least one percent.
- Seventy percent of those who have received training are using knowledge or skills acquired.

The Family Health Initiatives Project for Lesotho has been designed taking into account resources available from other AID centrally funded projects. This document specifies activities which will be covered by FHI Project funds and identifies assistance which is expected

to be forthcoming through complementary funding from other AID centrally funded projects. Thus, it sets forth the direction of AID program assistance to Lesotho in family planning through FY 1990.

B. Summary of Project Outputs and Inputs

The Project provides funds to assist the main agencies involved in the provision of family planning information, education and communication (IEC) and family planning services, taking into account funds from other donors.

1. Summary of Outputs

Output 1 - Operations Research Reports Completed

At least four operations research activities will be completed under the Project. The research will focus on (a) drop-outs of contraceptive use, (b) the community based distribution (CBD) program of the Lesotho Planned Parenthood Association, (c) local fund raising activities for LPPA, and (d) the effect of the provision of comprehensive natural family planning (NFP) and contraceptive family planning services in the same geographic area.

Output 2 - Volume of IEC Services Provided by LPPA Increased.

A significant number of parliamentarians, Chiefs, and other opinion leaders do not understand fully the implications of rapid population growth on food availability, employment and provision of services such as health and education. They will be provided with current

information to help them realize the role of family planning and family life education. Family life education is considered important by both LPPA and members of MOH because of the increase in pre-marital sex and teenage pregnancies. The Project will enable LPPA to hold a national and 3 regional workshops in family life education. Approximately 110 people, mainly from other institutions, are expected to benefit from these. In addition, eight one-day conferences/seminars will be held for some 320 parliamentarians and other opinion leaders.

LPPA field educators and community based distributors are engaged in activities aimed at increasing the acceptance of family planning. They and nurses provide information on contraceptive methods. To enhance their efforts to reach and influence target audiences, 92 films, videos and slides will be obtained under the Project. Also 40,000 pieces of printed materials will be made available.

Output 3 - Information, Education and Communication Capacity Enhanced

The personnel who undertake IEC activities are required to have technical competence in a variety of media, be able to match media and message with the target audience and be able to plan, implement and evaluate IEC activities. To assist in enhancing this capacity, the Project will provide on the job training for approximately 20 Basotho eight of whom will be staff of the Health Education Unit of the MOH, and advisory services on the IEC component, a World Bank assisted project with MOH. The increased capacity is expected to be reflected in the results of the pre-testing of materials produced by the Lesotho Distance

Teaching Center, on contract with the Ministry of Health and related to the World Bank assisted project. Over the years, the pre-tests ought to reveal a reduction in the low comprehension and low appeal of the materials tested. Under the FHI Project the LDTC will have produced 60,000 pieces of printed materials on family planning for illiterates and semi-literates.

Output 4 - Number of Personnel Trained in Management and Specialized Subjects Related to Family Increased

Shortages of personnel trained in management and specialized subjects related to family planning impedes the scope of programs and services available in Lesotho. As a result of the Project, approximately 12 people will have attended short-term out-of-country training courses or workshops. In addition, 6 managers will have participated in special out-of-country, short-term training courses and approximately 20 of the main mid- and top level managers of FP services will have attended a special in-country management skills course, received on-the-job follow-up and participated in a follow-up course.

Output 5 - A Natural Family Planning Center Established

Little has been done to offer Natural Family Planning (NFP) to Basotho as one of the methods for regulating fertility, even though approximately _____ percent of the Basotho are Roman Catholic. The Project will enable the Catholic Secretariat to establish an NFP Center. The center personnel will have trained ____ trainers of NFP services and approximately ____ pieces of printed informational and motivational materials will have been produced.

Output 7 - Improved Reporting on Contraceptives Distributed at Service Delivery Points and Contraceptives Required.

In the past Lesotho has experienced shortages of contraceptive supplies. Since mid-1984 AID has provided assistance to MOH addressing this problem. The Project will continue assistance to ensure the functioning of an adequate contraceptive supply logistics system.

The usage of new report forms which are currently being tested ill be evaluated, and the requisite changes made. Further training, including on-the-job, ought to result in better reporting and stock keeping.

Output 8 - Improved FP Service User Statistics

Because MOH, LPPA and PHAL institutions have had different record keeping requirements, reliable national statistics on family planning users have not been available. In conjunction with improved contraceptive logistics new record keeping forms are being tried. Under the project the usage of the new forms will be evaluated and corrective actions taken. The result will be an increased capacity of the MOH to monitor the acceptance of family planning.

Component 8. Contraceptive Supplies

Both MOH and LPPA have commitments from donors to furnish a broad mix of contraceptive supplies. The provision for NDSO supplies is included in the World Bank assisted project. However, USAID will be willing to request supplies under an AID centrally funded project, either for a particular contraceptive or for a mix of contraceptives, if the need

2. Summary of Inputs

a) AID Contribution: Family Health Initiatives

i) Operations Research - LPPA ($73,000)
Local consultancy
Local Transport - Technical Assistants
Research and operations expenditures

ii) IEC - LPPA (~~$66,900~~ $85,500)
Workshops, conferences, seminars
Production of films, videos and printed materials
Commodities

iii) IEC - MOH ($74,900)
Local Transport - Technical Assistants
Pamphlet Production
FP KAP Study Assistance

iv) Natural Family Planning ($10,000)
Vehicle

v) In-country Management Training ($42,600)
Technical Assistance and local consultancy
Local transport - Technical Assistant
Training, including materials

vi) Out-of-country, short-term FP Training (~~$175,000~~ 126,000)
Management administration
Other special fields

vii) Contraceptive Logistics ($36,900)
Technical Assistance
Local Transport - Technical Assistance
Evaluation Expenditures
Follow-up Training

viii) Contraceptive User Statistics ($14,000)
Forms
Technical Assistance
Local Transport
Forms

ix) Project Evaluation (~~$20,680~~ 25,000)

b) Counterpart Contributions: Family Health Initiatives
(TO BE DONE)

i) Lesotho Planned Parenthood Association
Personnel
Administrative Support

ii) Government of Lesotho
Personnel
Administrative Support

iii) Catholic Secretariat
Personnel
Vehicle Maintenance and operational expenditures

iv) PHAL Institutions

c) AID Contributions: Anticipated Complementary Funding from Other Centrally- Funded Projects

i) Operations Research - LPPA ($81,700)
Technical Assistance

ii) IEC - MOH ($101,000)
Technical Assistance

iii) Natural Family Planning ($49,300)
Technical Assistance ($19,300)
Program Support ($30,000)

iv) Contraceptive Supplies

(Currently MOH and LPPA foresee no shortfall in the quantity or mix of contraceptives. If, however, a later demand arises, USAID will submit a request to the AID centrally-funded project for contraceptive supplies.)

II. C. Components

1. Operations Research

This component focuses on strengthening the capability of Basotho agencies to utilize research findings to improve family planning services. Research will be undertaken mainly to provide information to identify modifications required in the provision of family planning services so as to increase the number of users of family planning methods and continuation rates. While all of the OR activities will cover LPPA, some investigations will equally include MOH, PHAL and the CS. Three of the OR activities ought to provide insights useful to all agencies involved in family planning services and IEC.

Four operations research activities are envisaged:

- a drop out study.
- a study of the community based distribution program of LPPA.
- a study on the effect of the provision of comprehensive NFP and contraceptive FP services in the same geographic areas.
- a study on viable ways for LPPA to raise local financial contributions.

a) Drop Out Study

Lesotho has a low proportion of continuing users of contraceptives. The LFS and LPPA records indicate a high rate of discontinuance or drop outs. Records from two LPPA clinics during an IPPF evaluation in 1982, showed a high drop-out rate after only one visit, mainly among those who obtained oral contraceptives. No systematically collected information is available to explain the reasons for this phenomenon.

The objectives of the drop-out study are:

- to determine which factors affect the discontinuance of FP, and,
- to propose solutions to the identified causes.

Three main reasons for discontinuation can be hypothesized:

a) dissatisfaction with services delivered,

b) conscious decision that there is no need to practice FP, and

c) social pressure.

Because of the very personal, intimate nature of the subject, including women practicing FP without their husbands' knowledge, in-depth interviews with individual drop-outs is the best research method. This method has been selected to permit the interviewer to establish trust and to probe answers to obtain the real reasons for discontinuance. This will require an experienced researcher who has conducted household research in Lesotho and who preferably speaks Sesotho. The researcher would train and supervise on a daily basis a small cadre of specially selected women (3-5) to carry out the interviews. Thus, the quality of the information rather than the number of women interviewed, will be stressed.

A major difficulty arises in the tracing of drop-outs. The addresses on the clinic record cards are often too general (e.g., a post office box used by several people or a community) and some are likely to be falsified. Because of this, the interviewing of those who can be traced from clinic records influences the nature of sample. Another option would be to conduct a sample survey to identify drop-outs, but this would

be a costly endeavor to identify drop-outs who constitute approximately 15 percent of the women of fecund age. Therefore, it is proposed that the KAP study to be undertaken by LDTC in 1986 or 1987, include 2-3 questions which will permit the identification of drop-outs and to permit a follow-up study of a sample of these. The KAP questionnaire ought to have adequate information on the physical location of the women interviewed. Also, it is hoped that the questionnaire will require information from those who have used contraceptives but no longer use them about: a) length of time used and b) year when she discontinued use.

It is expected that approximately 15-20 women will be interviewed in each of approximately 5 sample sites. The sample sites should be selected to cover catchment areas of LPPA, MOH and PHAL family planning service delivery points.

The selection of sample areas and research design will be a collaborative effort between LPPA, the MOH MCH/FP Coordinator and a PHAL representative with a consultant who will be a senior locally-based researcher. The senior researcher will be responsible for organization and execution of the study, the processing and analysis of the data and presentation of a written and oral report. The senior researcher will train and provide day-to-day supervision of field interviews, in addition to conducting interviews.

The field preparation, training of field assistants and collection of field data is anticipated to take 8 weeks. The processing, analysis and report preparation will cover approximately 6 weeks.

A one-day meeting will be held involving key personnel from MOH, LPPA and PHAL to review the research findings and recommendations of the consultant and to identify actions for program modifications. The relevant agencies will be expected to carry out these modifications with existing resources. However, a small amount of funds has been programmed to cover activities which would otherwise not be possible.

b) The LPPA Community-Based Distribution Program

Only a small proportion of the Basotho live within easy access to a family planning services distribution point. As has been substantiated in other African countries, CBD of contraceptives is an effective method to bring these services closer to the people. Moreover, motivation by a community member is more likely to succeed than by an outsider.

From 1983 onwards the Field Educators of the LPPA have carried contraceptive supplies with them on their field trips. The impact however was considered insufficient. An attempt by the LPPA to increase the rapport in the community, by involving members of the community itself led to the launching of a CBD program in Lesotho. It started off with a training session for 14 women from 3 districts namely Butha-Buthe, Qacha's Nek and Mohale's Hoek. The trainees were selected based on their roles in the community and willingness to be a volunteer worker.

The fourteen CBD workers received 3 days of training by the Program Officer, Service Delivery, and the ________________. It was held in May 1985. The main topics were contraceptive technology, motivational skills and record keeping and accounting. A group of volunteers from a fourth site will be trained in 1986.

The CBD workers are supervised by the Field Educators who visit them about once a month and then replenish their stock of contraceptives and settle the accounts. The tasks of the CBD worker are resupplying oral contraceptives to women who have received their first cycle elsewhere and supplying non-prescription materials, like foaming tablets and condoms. For this service she receives 10% of the sales (which is 60 lisente per oral cycle and foam and 2 lisente per condom). The CBD workers are not required to make home visits. For the little remuneration they receive it is considered unfair to ask this from them. The Field Educator is performing this task, while the CBD worker uses a soft-sell approach.

The objectives of the CBD operations research activity are:

- to determine the effectiveness and identify weak and strong points of the CBD program.
- to suggest recommendations that may improve the effectiveness and efficiency of the present CBD program so that a safe, effective, low cost and potentially broadly replicable model for the village-to-village or even house-to-house delivery of FP services through community agents can be developed.

- to determine which individual and community characteristics distinguish effective from ineffective community based workers.
- to assist LPPA in the implementation of the suggested changes in the CBD program and an assessment of their effectiveness.

Under the Project, with the help of a technical expert in the CBD of contraceptives, the LPPA will undertake an assessment of its CBD program. The following elements will be investigated:

- Community preparation and characteristics that determine the effectiveness of the program (such as role of chiefs, churches).
- Selection criteria of CBD workers.
- Role of CBD workers, Family Health Educators and nurses' vis a vis each other.
- Training contents and methods.
- System of distribution of contraceptives to CBD workers.
- Supervision of CBD workers
- Definition of role of supervisor and training for supervision.
- Motivational methods and supporting materials used by CBD worker.
- Record keeping and reporting system, including financial.
- CBD worker incentives and rewards.

The required resources can, time wise, be divided in short term and long term requirements. Short term to evaluate and upgrade the present activities, keeping replicability in mind; long term to expand the CBD program to a larger and ultimately national scale. It does not seem advisable to expand the program beyond the 4 areas identified so far until more research is done and the effectiveness of the present program has been proven.

Technical assistance will be provided to evaluate the present program. The technical assistant will determine which are the techniques that will yield information about the elements listed above in the most efficient manner. The linking-up with other planned studies may be feasible, such as the drop-out study. Because the CBD program will have been implemented in four sites for over a year before the drop-out study takes place, the number of recent drop-outs ought to be less in CBD sites since contraceptives are more accessible in these local areas.

The initial assessment will be undertaken by a LPPA staff member and the technical assistant visiting all CBD sites. They will be assisted by two field interviewers who will collect information from male and female community members. The results will be analyzed and recommendations made for improvement. A two day workshop will be held on program improvement. The CBD supervisors and four CBD workers will attend the

workshop. Afterwards, the technical assistant will provide guidance on the redesign elements. The decisions made at the workshop are likely to involve the retraining of the CBD workers. Also, the improvements are expected to be reflected in the recruitment and training of new CBD workers from the same CBD clinic areas.

Approximately a year after the new workers have been trained, the same technical assistant will return to carry out another assessment of the program. The evaluation will be similar to the initial assessment. A second workshop will be held to discuss the implications of the evaluation findings. And, in the last year of the project an evaluation of the CBD program will be carried out with the help of a technical assistant.

c) Comparison of the Effect of Service Strategies

In Lesotho, where half of the population is Roman Catholic and where this church only advocates natural family planning (NFP), it is not clear which combination of FP services must be stimulated in which parts of the country.

The objective of this study is:

- to establish the relationship between NFP and the community-based distribution (CBD) of artificial methods and to determine whether and under which circumstances they are mutually reinforcing.
- to determine if guidelines should be made for resource allocation based on religious characteristics of an area.

The first two years of the FHI Project, both the CBD and the NFP programs will be further developed, assessed and strengthened. After each of these approaches has overcome its growth-pains, 4 study areas will be designated. One area where CBD activities will be started, one where NFP will be promoted, one where both will operate simultaneously and one control area without intervention. A baseline survey will be conducted before the intervention and after 20 months of operation.

The project provides some funds for the extension of both the NPF and CBD programs into two new areas. Five thousand dollars has been budgeted for each organization to cover recruitment, training and supervisory costs. The LPPA will serve as an administrative channel for the Catholic Secretariat.

Technical assistance will be provided for the baseline and final evaluation. Local research costs will be covered by the FHI Project.

d) Local Fund Raising

LPPA, a registered non-profit organization, depends heavily on IPPA for funds. In 1984, for example, LPPA received approximately $300,000 from IPPF. In the same year, in-kind contributions primarrily from the GOL amounted to $ ___________ and annual membership fees (at R2) contributed $___________ to the LPPA account. The organization also undertakes special local fund raising activities such as dinner dances and sale of T-shirts and calendars. The latter have not yielded the expected results. LPPA intends to sponsor soccer matches, since soccer attracts large crowds.

The organization would benefit from broader local financial support and the direction of fund raising energies into activities which generate a good profit. Therefore, the Project will provide technical assistance for this.

The experienced fund raiser, provided under the project, is expected to have obtained information from other private sector, national family planning organizations which have been extremely successful in raising local funds and the factors which contributed to the success. In particular, the expert will need to be familiar with the ___________ in Bangkok. In Lesotho the technical assistant will canvas individuals and organizations to identify viable options and to help determine which methods to use with which target groups, at what intervals and with which resources. The expert will provide a written report to LPPA on the findings and recommendations.

The implementation of feasible recommendations will serve to generate information on their effectiveness. The amount of profit will be the main indicator of successful achievement of the objectives of this operations research activity.

COMPONENT 2: THE LESOTHO PLANNED PARENTHOOD ASSOCIATION

IEC - LPPA

The objective of this component is to strengthen the capacity of the LPPA to play a more effective role in the delivery of information, education and communication in support of the Government's family and population planning goals. The strategy stresses the provision of essential resources to enhance the efforts of both headquarters staff, field educators and community based distributors to reach and influence target audiences.

1. National and regional workshops in family life education

The 1979 National Conference took special note of the rising rate of premarital sex, teenage pregnancy and sexually transmitted diseases among Basotho youth. Adult men have also been identified as priority targets for information on modern family planning services requiring specially designed messages. The LPPA is committed to a sustained effort in family life education directed to these and other vulnerable groups.

In contrast to other programs designed to create awareness of the benefits of family planning, family life education introduces the subject matter in the context of family and civic responsibility, human growth and development, adolescent problems and responsible parenthood.

The project provides support for an integrated series of workshops beginning in the first year with a national workshop at Maseru involving a cross section of agencies with potential interest in family life education. Attention would include but not be limited to representatives of MOH, LPPA, Womens' Bureau, PHAL, LYS, LWA and NUL. In recognition of its lead role the LPPA would be represented by its senior headquarters

representatives of these organizations invited papers would be presented by key educators, government officials, church leaders and social service providers. The Conference is designed to coincide with the availability in Lesotho of an international expert in family life education provided under the FHI project to the MOH.

2. Production of printed materials to promote wider family planning awareness, interest and acceptance, to enlist support of opinion leaders for family planning, to promote male motivation and reach specific groups with family life education.

The rate of literacy is higher in Lesotho than in many African countries and the level of education is higher among women than men. Both of these factors underline the importance of printed materials in disseminating information about family planning. Even in an oral society like Lesotho, printed materials have been known to promote retention of information and when well produced including visual and graphic elements they promote rapid comprehension of unfamiliar subject matter. The LPPA budget has not been adequate to accommodate a sufficient volume of printed materials and none have been available from the MOH for the past four years.

The information and education staff of the LPPA lacks the specialized knowledge needed to maximize the contribution of printed materials to the association program, specifically pretesting techniques and evaluation of audience impact.

Under the accompanying HEU component an international consultant with special competence in health/FP journalism will be available in Lesotho for two months during the second year of the project. It is anticipated that this consultant will also be available to LPPA for one on one training and staff seminars focussing on the specialized aspects of materials production including how to write for specific audiences, how to make decisions regarding when to use print media, how to design pretesting activities and how to evaluate the effectiveness of print materials. Special attention will be given to techniques aimed at adapting materials to illiterate and semi-literate audiences.

As a result of these inputs the LPPA staff will have acquired the skills necessary to conceptualize, design, write, illustrate, pretest and evaluate printed materials for the following major audiences: young unmarried men and women, teachers, participants in non-formal education programs, and policy makers.

The LPPA will have sufficient copies of printed materials appropriately destined to create interest, comprehension and motivation among its priority audiences: married men and women, unmarried young men and women, school students, policymakers, opinion leaders and health providers. The effectiveness of these materials will be measured in connection with the educational activities in which they will be used, pitsos, training programs, and one on one discussions.

3. Video production, film and slide set purchase.

Film showings have been an important element of the LPPA effort to inform, educate and motivate target audiences in the various aspects of family planning. Unfortunately the films which have been provided in the past by IPPF and other donors and purchased by LPPA are either entirely worn out or reduced in effectiveness by their age. Of the films owned by LPPA none are in Lesotho and they are often inappropriate for Basotho audiences. The Association has few slides and no videos.

The budget provides for the purchase of 6 prints of 12 new film titles and 8 slide sets. The need for film in the Sesotho language is recognized through support for the production of one video in each year of the project at a local resource skilled in such production. The Instructional Materials Resource Center of the National Curriculum Development Centre represents a facility with the requisite qualifications.

As part of the commodities provided under the project the LPPA will receive a videotape recorder, color monitor and necessary accessories. With training in the use of this innovative technology and practice in its use, for example in the creation of training components, the Association staff will be able to develop the ability to produce videos capable of complementing and supplementing films. In addition to the films, slide sets and videos provided under the project, the LPPA will have developed skills in producing both documentary and dramatic presentations on videotape for use in informing, educating and motivating target audiences. The Association will have developed collaborative

Best Available Document

4. Conferences and Seminars for Parliamentarians and other Opinion Leaders

Although the Government is committed to a policy of reducing the rate of population growth, a significant number of parliamentarians fail to understand fully such implications of rapid population growth as food availability, carrying capacity, provision of education, health service availability, etc. There are 24 Ward Chiefs, 22 of whom are members of Parliament. The recent changes in Government which are transferring additional responsibility to Chiefs suggests that they should be provided with current information on demographic trends and implications of the role of family planning and family life education in affecting those trends. The LPPA has experience in conducting special events for parliamentarians and is especially qualified to fulfill this function on behalf of Government.

The project includes support for two one-day conference/seminars each year for four years including the costs of food, educational materials and hall rental. All seminars will be held in Maseru and as appropriate the attendance will be supplemented by Church leaders, media representatives, professional people, and govermment officials.

In the course of 8 such conference/seminars up to 320 parliamentarians and other leaders will have received current information on demographic trends and the potential action needed to be taken to affect them. The measure of effectiveness of these meetings will be public statements of Government officials and parliamentarians traceable to their participation in the meetings, articles appearing in the press and

5. Audio-Visual Equipment and Supplies

The motion picture projection equipment owned by LPPA has been in heavy use for several years and breaks down with increasing frequency. Films are subject to damage and even breakage when used in projectors that are past the point of effective usage. The projection screens now being used are too small and because they are not free standing their use is limited.

The only audio tape recorders available to the association are cassette models which are adequate for recording inputs for meetings, clinic orientations and household presentations but are unsatisfactory for preparing high quality radio presentations requiring editing of recorded material. The Association has only one 35 reflex camera capable of producing good quality slides and black and white photographs. Requests from the district officers for use of such a camera often cannot be accommodated because of conflicts.

The Association has identified videotape equipment as of substantial potential value for making training programs more effective providing access to television at such time as it becomes available in Lesotho and for producing video programs in Lesotho in lieu of motion picture films which are extremely expensive.

The project provides for the purchase of two motion picture projectors together with the necessary spare parts and projector screens; four reel to reel tape recorders plus spare parts and tape splicing machine/ video camera, video-cassetee recorder, color monitor and accessories; and two 35mm reflex cameras. Requisite supplies of audio

The LPPA Headquarters staff IEC specialist staff and the field educators are experienced in operating all the above equipment except the videotape equipment. As described earlier it is anticipated that the Association will contract with another local facility for training of the headquarters IEC staff in videotape operation. They in turn will train the field educators.

The measure of effectiveness of the Association's use of audio-visual equipment will be the number of motion picture presentations compared with preceding years, the number of radio presentations and the number of radio presentatiõns including recorded segments, the number of photographs accepted by newspapers and other publications and those used by the Association in its publications, exhibits and displays.

The benefit from the videotape equipment will be determined by the. number of presentations recorded and used in planned programs of the Association including training programs.

6. Family Life Advisory and Counselling Services for Youth in Lesotho

Youth in Lesotho are experiencing a high rate of STDs, teenage pregnancies and drop-out from primary schools. This situation has been aggravated by the gradual decline in traditional social values and norms which were instilled through family life and school attendance. Recent data from the Lesotho Health Statistics Department reported 41,583 cases of gonorrhea and syphilis in 1984. Over 50 percent of those afflicted were young people.

Although little is known about the prevalence of induced abortion, alcoholism and drug abuse in Lesotho it is known that most abortions are experienced by teenagers. Informed sources report that alcohol and drug abuse is on the increase and that 50 percent of psychosis victims admitted to mental hospitals are there because of alcohol or drugs.

The Education Statistics Unit estimates the primary school drop out rate to be 20 percent with boys dropping out at a greater rate than girls. Over 50 percent of drop outs are unemployed.

Currently there is no agency, either Government or private, which provides counselling and guidance to young people concerning problems like these. The LPPA has been active in family life education since 1978 and is interested in expanding its service to include counselling and guidance for young people in Maseru. The project provides support for a small cross sectional study of parents, youth 15 to 24 years of age, teachers, community leaders, policymakers and clergymen in Maseru and rural Thaba-Tseka. The results of the study will be shared in a meeting with representatives of youth organizations, concerned Government ministries and other non-Government ogranizations. Guidelines for the establishment of a guidance and counselling center in Maseru and potentially in other locations will be developed. A followup study of the same sample will be made midway through the Project period and at the end of the project period to obtain community reactions to the service.

The Project will cover the costs of training three counsellor/ advisors and their stipends for the first year of the Center's operation. The LPPA will be responsible for obtaining the stipend from

COMPONENT 3: HEALTH EDUCATION UNIT - MOH

IEC - MOH

This component focuses on increasing the capacity of the Health Education Unit of the Ministry of Health to plan, and conduct effective family planning information, education and communication activities. Also the Health Education Unit is expected to provide effective leadership to the several public and private sector agencies which are qualified and interested in delivering IEC on family planning. This component is intended to complement the World Bank Project with MOH.

1. Technical Assistance: Campaign planning, Health journalism, campaign and program evaluation.

In the absence of a sound management plan, clear lines of responsibility and adequately trained staff, the HEU has become over-committed in developing and implementing health information and educational campaigns. The lack of infrastructure for the informational and educational component results in the HEU staff directly assuming such tasks as distributing VHW kits and teaching health education in schools rather than training others to assume such tasks.

The Ministry decision to undertake six specialized campaigns focussing on MCH/FP, ORT and diarrheal diseases, EPI, breastfeeding, sanitation and TB/STD requires a thorough examination of capability of the Unit and mobilization of its resources to effectively provide leadership support the campaigns.

The project provides for a senior specialist with broad experience in developing country information, education and communication service delivery for technical assistance to the MOH and other relevant agencies which will carry out elements of the World Bank assisted program. The specialist consultant will visit Lesotho for two months each year and will both assist in the planning and scheduling of the campaigns under the World Bank program and participate as appropriate in their implementation.

The specialist will assist the LDTC staff to build in evaluative measures which over the life of the World Bank assisted program and provide valuable information on which to carry out future such activities. The specialist consultant will assist and advise the LDTC and HEU staff and participants from other organizations on such formative

evaluation proceduresas pre-testing and post-testing of the materials and media inputs included in the campaigns. In the fourth year the specialist consultant will assist the IEC personnel in evaluating the program impact of the campaigns and developing guidelines for the conceptualizing, organizing, implementing anD evaluating future such activities.

The specialist consultant will assist the HEU in developing useful and effective relationships with the LDTC and the IMRC as sources of production of the necessary campaign inputs. He/she will also assist, as appropriate, the related efforts of the LPPA, CA and PHAL.

As a result of the specialist consultant's contributions over the period of the project, the IEC personnel staff will be able to conceptualize, develop, implement and evaluate campaigns in the various aspects of primary health care, MCH and family planning. Effective collaborative relationships with educational media facilities will be established and effective management procedures for efficient operation of the Unit will be in place.

2. Technical Assistance in Family Life Education

Both the Health Education Unit, MCH/FP and the LPPA have identified family life education as an area requiring increased attention. Concern is growing in Lesotho over the incidence of early marriage and pregnancies among young, unmarried women. Sensitivity, particularly among some religious groups makes the delivery of messages on family planning difficult unless couched in terms of family and civic

planning messages as envisioned under the project raises the possibility of repercussions unless packaged in terms of population and family life education.

The project provides for a special consultant for a period of 30 days during the first year of the project to assist the HEU, the LPPA and other interested groups in building family life education into their programs. The consultancy is designed to coincide with a national conference on family life education, the leadership for which will be provided by the LPPA. It is anticipated that the consultant will be recruited from the Center for African Studies in Nairobi.

The measure of effectiveness of the consultancy will be the breadth of participation in the national conference and the activity in family life education generated by it. Other measures will be the educational materials committed by the HEU to family life education out of those contracted to the LDTC. Additional local activity by the LPPA field educators in family life education will reflect further impact of the assistance, as explained under the IEC-LPPA component.

3. Technical Assistance in radio production, use and evaluation.

The HEU and the LPPA enjoy an excellent relationship with Lesotho Radio which includes the free broadcast time as well as access to editing and recording facilities. Except for remote mountain areas radio is well received throughout the country and rural people are accustomed to receiving substantive information on the elements of primary health care through this medium. There is an inadequate body of knowledge concerning the most effective ways of delivering family planning messages via radio.

The responsible staff both in HEU and the LPPA are relatively inexperienced and untrained in radio production, use and evaluation. The equipment necessary to provide appealing programs is lacking in both agencies.

The project provides for a specialist with the full range of radio production, use and evaluation skills to spend 30 days in Lesotho during the second year of the project sharing his/her skills with HEU, LPPA, LDTC and possibly other relevant agencies. The specialist will serve as a counterpart to the HEU staff member responsible for radio and will train that person and others who will serve as backup staff. The specialist will endeavor to strengthen relationships between HEU and LDTC which will facilitate radio programming after the project is complete.

It is anticipated that the specialist will be recruited from the African regional radio organization, URTNA, headquartered in Dakar. This organization is experienced in designing effective input of family planning information in local radio programming.

As a result of the consultancy the responsible staff of HEU and LPPA will be prepared to effectively carry out the full range of radio production responsibilities as well as develop effective distribution procedures and continuing evaluation of message impact.

Component: Management and Out-of-Country Short-Term Training

Shortages of adequately trained personnel and managers is one of the major impediments to the delivery of family planning services. Inspite of the achievements under UNFPA, AID and other donor projects, the manpower problem still requires priority attention.

The project aims at increasing the managerial skills of mid- and top-level managers of family planning services and increasing the number of persons trained in special FP methods and subjects. By the end of the project there will be an increased capability to provide family planning services.

During the first years of the project a special training course will be given by short-term consultants in Lesotho for 10-15 ______________ ____________ of family planning programs and services from the public and private sectors. The course will center on skills for managing effective FP programs and projects and be based on experiential learning methods. At the conclusion of the course, participants will be expected to have developed a plan for utilizing skills learned in carrying out their work. A follow-up course will be held after nine months to discuss the implementation of the plans and provide further guidance on techniques to address management difficulties encountered by the participants. It is anticipated that the first course will be three weeks duration and the second course will be for two weeks. The course will be developed by short-term consultants in consultation with the MOH, PHAL and LPPA.

Funds will also be made available for a few Basotho to attend specialized management courses, such as planning management systems for program coordination and control. However, the out of country training will be in project years three and four. Two categories of people will be considered for the out of country courses: those who have performed well as a result of the in-country course and those who have recently assumed their management positions and hence were unable to benefit from the in-country course.

Also, the project will provide funds to send a few Basotho for short term training for improving family planning services. This training will be in special subjects such as in laparascopy, community-based family planning, clinical reproductive health care services and control of sexually transmitted diseases, monitoring and evaluation of family planning services and IEC and adolescent fertility management. Preference will be given to candidates who will perform a training function upon their return to Lesotho, have outstanding performance records and have not received similar training elsewhere.

To expedite the selection of out-of-country participants, the MCH/FP, PHAL and LPPA will be requested to provide to USAID a list of mid- and top-level personnel with the job functions, educational level, training experience and training needs of each. The list ought to be updated annually.

Funds have been budgetted to send ~~one person~~ two people for approximately 6 weeks each in Project Years 3 and ~~two in Project Year~~ 4 for management training out-of-country. For other special courses out-of-country, funds will be available to send approximately two people each project year. Half of the participants

II. C.

5. Natural Family Planning

Little has been done to offer natural family planning (NFP) to Basotho as one of the methods for regulating fertility. Because approximately _____ percent of the Basotho are Roman Catholic and the official Roman Catholic church stance against the use of contraceptive methods, NFP is likely to be an attractive option for a portion of the Basotho population.

The __________________ Unit/Division of the Catholic Secretariat began providing NFP counseling in 19__. Currently the Unit/Division has two nurses trained as NFP trainers. One nurse attended a ___________ course in Mauritius and both nurses received ________ weeks of training in Nairobi. In addition, a few nurses at Roman Catholic health facilities are trained in NFP and provide NFP counseling. No data exist however on the number of Basotho couples or individuals who have received NFP training and the number using the method.

Through AID centrally-funded projects, support will be provided to the Catholic Secretariat to establish an NFP center. The center will be responsible for (a) program development, supervision and evaluation; (b) training a cadre of trainers, and (c) provision of information and promotional materials, including teaching aids.

Based on discussions between the Catholic Secretariat and the International Federation for Family Life Promotion, the Secretariat anticipates the receipt for a two year period amounting to $30,000. The

a. training workshops.

b. development and printing of training aids and informational and promotional materials.

c. in-country travel of center staff for training, supervision and evaluation.

d. one round trip to Mauritius for a training session for supervisors.

The Catholic Secretariat will provide the salaries of a Coordinator, Supervisor, driver and typist and center office space. A separate mini-proposal has been revised which will be submitted to USAID and MOH for approval prior to submission to IFFLP.

In addition, special technical assistance will be requested from Georgetown University through its Cooperative Agreement with AID for ____ months of technical assistance. Experts in NFP will be requested to assist the Catholic Secretariat in the following areas:

a.

b.

c.

No funds from the FHI Project will go directly for NFP. However, it is anticipated that the NFP Center of the Catholic Secretariat will be involved in one operations research activity (as described in Section __). Funds required by the Center to carry out its functions in the OR on ____________ will be channeled to it through the LPPA.

COMPONENT 6: CONTRACEPTIVE SUPPLY LOGISTICS SYSTEM

In the past Lesotho has experienced difficulties with the stockage of contraceptives. This problem was manifest in the mix of contraceptives available as well as quantities, with the most popular oral contraceptives often being out of stock. Stockage problems have arisen at the service delivery point and at the national supply center. Since mid-1984 AID has provided some assistance to the MOH, through the East and Southern Africa Management Training Center and the Centers for Disease Control, focused on this problem. There is need to continue the assistance to ensure the functioning of an adequate contraceptive supply logistics system.

Most family planning service delivery points obtain supplies from the National Drug Stockpile Organization (NDSO) which centrally purchases, stores and distributes all drugs within Lesotho. (LPPA is provided supplies directly from IPPF.) However, there has been no mechanism for the reporting of supplies distributed at the service delivery points supplied by NDSO. Also, NDSO has not had a computer to ease the job of record keeping and projecting contraceptive needs.

In mid-1985 a two day logistics workshop was held for district public health nurses and pharmacists. LPPA and PHAL also participated. The 2-day workshop covered: principles of purchasing, requisitioning, and warehousing of family planning commodities, procedures for ordering from Central Stores within the NDSO system and procedures of LPPA. A new

reporting form was discussed and participants were trained in the use of the forms. The district public health nurses were charged with the responsibility of training clinic nurses in their districts to use the forms. (The cost of printing the monthly forms were covered by AID.) The forms are to be submitted to NDSO which will soon have computer facilities. These forms are being pilot tested.

Under the Project funds will be provided to conduct an evaluation. It is envisaged that the evaluation would entail a review of the aggregate statistics at NDSO, the statistics from each health service area and a random sample of monthly reports. In addition, a sample of clinics will be visited. This evaluation will also cover service user statistics (explained in the next section). It is anticipated that the evaluation will point to needs for further training, including on-the-job training. To facilitate the implementation of recommendations, funds have been budgeted in the FHI Project. In addition, an amount has been budgeted to cover the cost for printing additional forms.

Component 7: Service User Statistics

In the past there have been no reliable national statistics on family planning users, since MOH, PHAL institutions and LPPA have had different record keeping requirements. Furthermore, since LPPA operates in some GOL, PHAL and Red Cross facilities double reporting (to MOH and LPPA) may have occurred. Since late 1984 the MOH has taken measures to institute a uniform system for family planning user statistics. At the request of MOH, ESAMI and CDC has provided advisory services in conjunction with work on contraceptive logistics.

At the two-day logistics workshop discussed above new client record cards were introduced, discussed and participants trained in their use. All family planning service delivery points are expected to use the new forms on a trial basis. The forms being tested require more information than previously collected by MOH services delivery points, although they require little information on personal history.

All service delivery points are expected to submit a monthly MCH/FP report form. The MOH Health Statistics Unit will be responsible for processing the information.

The service user forms are being tested. An evaluation of their use will be undertaken in conjunction with the evaluation of the contraceptive logistics system. Because the evaluation is likely to make recommendations on modifications of the forms, the Project has budgeted some funds for this.

II. D. Budget and Financial Arrangements

The FHI Project will entail the transfer of funds to both the GOL and to LPPA, on the basis of a project agreement. An assessment of LPPA's accounting system and internal controls has been carried out by _______ and found to be adequate.

The following chart summarizes the methods of payment proposed.

Project Element	Method of Financing	Estimated Cost
1. Technical Assistance (Direct AID Contract)	AID Direct Reimbursement	
2. Local Operations	AID Direct Reimbursement with periodic advance	
3. Out of Country Training	AID Direct Reimbursement	
4. Commodities	AID Direct Reimbursement	
5. Evaluation (Direct AID Contract)	AID Direct Reimbursement	

E. Other AID and Donor Assistance

(To be Completed)

Principal donor assistance to the IEC-MOH component is being provided by the World Bank. AID participation will be limited to provision of technical assistance and costs of producing six to eight pamphlets on family planning for use by illiterates and semi-literates.

The World Bank entered into an agreement with the LDTC effective 2 September 1985 under which LDTC will provide the following services to MOH:

Research and Evaluation

To include (1) a survey to assess the availability of communication media in each health service area; (2) KAP baseline data to ensure effective use of IEC materials.

Development and Production of Materials

To include (1) 10,000 copies of three pamphlets and two posters; (2) 1,000 manuals on each of six campaigns including family planning, breastfeeding, STDs and tuberculosis and leprosy.

Production of Radio Programs

To include (1) production of three thirty minute programs each week for four years; (2) purchase prime time on Lesotho Radio; and (3) prepare three manuals based on the content of selected broadcast themes.

The Center will also train HEU staff in the use of materials and together with the MOH hold quarterly meetings to monitor progress.

AID, through the CCCD (Combatting Childhood Communicable Diseases Project) is providing a graphics artist to strengthen the work of the HEU. Consideration is being given to a long term mass media specialist to be placed in the HEU under the same project.

II. F. Implementation Arrangements

(1) Responsibilities

MOH: The Ministry of Health will designate a person to be responsible for the administration of the following project components:

- IEC - Health Education Unit, MOH
- In-country Management Training
- Contraception Logistics
- Family Planning Service User Statistics

The MOH designee will be responsible for day-to-day operational decision-making, project oversight, submission to AID of the requisite reports, and requests scheduling the for technical assistance provided under the Project. Also the designee will be responsible for ensuring that the requisite coordination with other agencies is carried out in a timely manner.

The Chief of the Health Education Unit of the Ministry of Health will have primary responsibility for implementing the IEC component. The Chief will make arrangements related to the visits of the technical assistants, such as schedule, scope of work, facilities, notification of people who are to participate and preparation of materials for reviews of annual plans. In carrying out this task the Chief is expected to hold a preparatory meeting with personnel from LDTC, LPPA and other key organizations which will be involved.

The MCH/FP Coordinator of the Ministry of Health will be mainly responsible for implementing the contraceptive logistics, family planning service user statistics, and in-country management training components of the project. The Coordinator is expected to liaise with NDSO/LDA , Health Statistics Unit, LPPA and PHAL as needed, and take leadership in the scheduling of technical assistance and their work. The Coordinator will be responsible for ensuring that the requisite preparations are made for the visits by technical assistants.

LPPA: The Lesotho Planned Parenthood Association will designate a person to be responsible for the administration of the IEC-LPPA and the operation research components. The designee will be responsible for day-to-day operational decision-making, project oversight, submission to AID of the requisite reports, and other communications with AID. The designee will be expected to help ensure that the commodities provided are utilized for the intended purposes. Also the designee will take responsibility for organizing meetings to discuss the findings from the operations research component and for ensuring the timely coordination of activities with relevant agencies. The designee will be responsible for oversight of the local research consultancy and any other contract or agreements which deal with the expenditure of AID funds.

The Program Officer (IEC) will be primarily responsible for the implementation of the IEC component. Subsequent to the signing of the Project Agreement, the Officer will reconfirm the commodities requested for the Project. Also, he will keep records on the receipt and redistribution of equipment and supplies. The Officer will be responsible for planning, organization and execution of seminars/ workshops financed by AID related to IEC.

LPPA will designate an officer to be primarily responsible for the management and implementation of the Operations Research. The Officer will take a leadership role in communication and coordination with MCH/FP, PHAL and the Catholic Secretariat for the Operations Research activities related to these organizations. The approval of the MCH/FP Coordinator will be required on the design of the Drop-Out Study prior to its execution. The officer will be responsible for sending copies of all major correspondence, contracts and other documents related to the Operations Research to the MCH/FP Coordinator. The distribution of Operations Research reports will be done by the Officer.

Catholic Secretariat: The ____________________ of ____________ in the Catholic Secretariat will be responsible for the administration and management of AID financed support to the Secretariat. The __________ will be responsible for project oversight, submission of the requisite reports and the schedules and scopes of work for technical assistance. The _______________ will keep records on commodities received.

AID: USAID/Lesotho will be the responsible entity for AID management of the activities planned under this program. The Health and Population Officer in USAID/Lesotho will be Project Officer and be principally responsible for providing guidance and monitoring. The Project Officer will serve as the USAID primary point of contact for the GOL, LPPA, Catholic Secretariat, and PHAL. The contractors providing technical assistance to the program will also use the Project Officer as the primary contact point in USAID.

The Project Officer's duties will entail: overseeing and providing guidance to the program to ensure achievement of program objectives; monitoring the performance of contractors and serving as the central point of major correspondence between the Basotho implementing agencies and contractors, monitoring the performance and counterparts contributions of the GOL, LPPA and Catholic Secretariat, and preparing AID-specific documentation.

The Regional Population Officer for Southern Africa will make periodic advisory visits to assist in program monitoring. The Project Officer will be responsible for the scheduling of these visits in coordination with the Basotho implementing agencies.

The Project Officer will be primarily responsible for the issuing of PIO/Cs for commodities and vehicles and the tracking of these commodities until they are received by LPPA and CS. The REDSO/ESA Supply Management Officer will provide assistance as required.

The out-of-country training will be coordinated and administered by the Project Officer in coordination with LPPA,MOH and PHAL. Each agency is expected to provide the Officer with a list of training needs. The MCH/FP Coordinator will be responsible for the securing of GOL approvals for Government personnel.

The approval of the Project Officer will be required on any sub-contracting agreements for services to be provided under the Operations Research Component.

All legal matters pertaining to the program, including the Project Grant AGreement negotiations and issuance of PILs, will require the assistance of the RLA/SA.

Contractors: It is planned that most of the technical services for this program will be provided under AID centrally-funded contracts. USAID/Lesotho will send a formal request to selected contractors on behalf of GOL, CS and LPPA, in accordance with the plan set out in this document. The contractors will issue sub-agreements or letters of agreement obligating the assistance requested.

The contractors are to submit reports to USAID, as specified in Section II. F. 2. The technical assistants provided by the contractors are required to meet with the Project Officer to discuss their scope of work and prior to departure they are required to brief the Project Officer on their visit and requisite follow-up actions.

II. F.

2. Reports

Quarterly financial and technical reports will be submitted by LPPA and MOH. The financial reports will account for expenditures made with FHI funds and be accompanied by original receipts. Also the report will specify the financial requirements for the forthcoming quarter in order to receive an advance of funds. A brief narrative will be attached explaining the use of funds requested. The reports will be required within a month of the close of each quarter.

An annual report will be required from each institution. The annual report will summarize the accomplishments made under the FHI Project and other AID funded inputs. It will also provide a narrative on the inputs required in the forthcoming year and the scheduling of these. Copies of these reports are to be sent to the appropriate contractors.

The other AID centrally funded projects that provide assistance under the program set out in this Project document will be required to submit quarterly financial reports detailing the expenditures made on behalf of and related to the Lesotho program. An annual report will be required from each contractor. Also, each technical assistant will be obliged to submit a trip report to USAID/L within two weeks of the completion of the visit to Lesotho.

II. F.

3. Procurement Plan

AID will undertake direct procurement of the commodities financed by the FHI Project on behalf of LPPA and CS. A list of commodities to be procured for LPPA appears in Annex _____. Most of the commodities will be ordered during the initial phase of the Project. A second order will be placed for films during Project Year 3. A vehicle will be procured for the CS NFP Center. _______________ will arrange for duty free entry of the Project commodities.

4. Implementation Schedule

(TO BE DONE)

II. G. Monitoring and Evaluation

Technical monitoring will be undertaken by the recipient institutions. The AID Project Officer will also monitor the project. Advisory visits will be made on a quarterly basis by the AID Southern Africa Regional Population Officer.

At the end of the first year of the FHI Project, AID will conduct an internal project evaluation. The evaluation team ought to consist of at least one AID officer and representatives of the five main organizations providing complementary funding to the Project. The purpose of the evaluation will be to review accomplishments and plans, identify problem areas and make recommendations for improving the direction of the Project. The evaluation is expected to take two weeks.

k A final evaluation will be conducted in the last year of the Project. The purpose will be to document accomplishments of the program. It will also make recommendations on future AID assistance in family planning. The evaluation team should consist of a family planning research specialist, an expert in IEC, and an AID Population Officer. The evaluation is programmed for four weeks.

H. Waivers

(TO BE DONE)

Project Design Summary

Logical Framework

Project Title: Family Health Initiatives

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program Goal:	Measures of Goal Achievement		
Reduce population growth rate in Lesotho	Reduction of fertility and crude birth rates	- Population Census - Other special surveys	
Project Purpose	End of Project Status		
To improve the capacity to provide family planning information, education, communication, and services	- MOH, LDTC, LPPA and CS have demonstrated the capability to utilize research/ evaluation data to improve program activities	- Final Project Evaluation - Reports of Consultants - Project Reports - World Bank Reports	Delivers of services and IEC committed to FP.
	- GOL and LPPA plan and conduct effective information, education and communication activities.	- Data on inreased knowledge and improved attitudes. - Information on differential use of printed materials.	
	- 1% increase in contraceptive use	- Service user statistics	
	- 70% of those who received training are using knowledge or skills acquired.	- Statistics on contraceptive supplies distributed NDSO and LPPA	
	- Strengthened effective collaboration and coordination between MOH, LDTC, LPPA and PHAL institutions.		

Project Design Summary

Logical Framework

roject Title: Family Health Initiatives

ARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
utputs:	Magnitude of Outputs		
perations research reports ompleted	1 drop out study 1 study of CBD program 1 report on ways to raise local funds for LPPA 1 study on the effect of comprehensive NFP and contraceptive FP services in same area.	Receipt of reports from Consultants	
olume of IEC services rovided by LPPA increased.	92 films, video, slides in use 40,000 pieces printed materials 8 workshops, seminars, conferences held 1 family life counselling center functioning.		
EC capacity enhanced	60,000 pieces printed materials	Project records	Workd Bank Project funds for IEC forthcoming in a timely manner.
	Low comprehension and low appeal reduced 8 HEU, 5 LDTC, 2 LPPA, 2 Instructional Resource Center, and 3 PHAL people receivd on-the-job training.	Results of pre-testing.	

Project Design Summary

Logical Framework

Project Title: Family Health Initiatives

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Number of personnel trained in management and specialized fields related to family planning increased.	8 persons attended out-of-country short-term training in special subjects related to family planning.	- AID training records	
		- AID training records - Reports of management consultants	
Natural Family Planning Center established	- ____Trainers of NFP trained by Center personnel providing services - _____ pieces of informational materials being distributed.	- Reports of NFP consultants. - Project evaluations, reports - CR reports and records	

Project Design Summary

Logical Framework

Project Title: Family Health Initiatives

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Improved reporting on contraceptives distributed at service delivery points and contraceptives required.	- 90% of all service delivery points submitting monthly reports in a timely manner	- Spot checks of records at some service delivery points. - Records from Health Statistics Unit, MOH. - Records from NDSO.	
Improved service user statistics	- 90% of all service delivery points using improved form and submitting monthly reports in a timely manner.	- Spot check of records at some service delivery points. - Records from Health Statistics Unit, MOH.	

TO : Ms. Edna A. Boorady, Director, USAID/Lesotho

FROM : Ms. Barbara Kennedy, Population Officer, REDSO/ESA

SUBJECT : Terms of Reference for the Lesotho Family Health Initiatives Project

DATE : December 13, 1985

I. Background Information:

The Kingdom of Lesotho is a small landlocked country completely surrounded by the Republic of South Africa. The country is economically dependent on the Republic and up to half of its male workforce is employed in the Republic at any given time. The estimated population in 1985 was 1.5 million people with an annual growth rate of about 2.3 percent. Although the growth rate is somewhat lower than other countries in the region, the country is growing too fast in relation to its small size and extremely limited economic resource base. Other population characteristics are not particularly different from other African developing countries characterized by high fertility, high but declining mortality and low population density. The average completed family size is between 5.7-6.0 children.

The overall health status in Lesotho is better than in many African countries due primarily to its high altitude and cool climate which results in the lack of major tropical diseases and less spread of infectious diseases. However, infant and maternal mortality are high

(106-130 per 1,000 births and 3.7 per 1,000 live births, respectively) and malnutrition and diarrheal diseases are common among young children. Health problems could be dealt with more effectively through improved preventive health measures.

The Bureau of Statistics is the organization responsible for collecting all statistics on behalf of the government. The Bureau is preparing for the 1986 National Population Census and intends to expand its capacity so it can undertake a national household survey program. One problem at the Bureau, due to inadequate equipment, has been long delays in data processing. New equipment is expected soon which will help to alleviate this problem. The Institute of Southern African Studies at the National University of Lesotho and the Lesotho Distance Teaching Center are other groups that have undertaken surveys on fertility-related topics, including family planning.

A major survey conducted in 1977 was the Lesotho Fertility Survey (LFS). The data from the LFS, along with other smaller surveys, indicate little variation in fertility levels except among women with a secondary education or higher. The proportion of urban residents who use contraceptives however, seems to be higher than for rural residents. The majority of adult men and women are aware of family planning, yet only seven percent use any method. There seems to be a very high drop-out rate since some 20 percent have used contraceptives at some point in time. Access to oral contraceptives is legally restricted, whereas other contraceptives can be sold without prescription, but apparently are not.

For a number of years the Kingdom of Lesotho has been concerned with the imbalance between population growth and scarce limited resources. In 1980, the Cabinet approved the resolutions adopted during a 1979 Conference on Population Management which serve as policy guidelines for the development and implementation of programs. The resolutions encourage decreased population growth, promote family planning, advise that family life programs be developed and support the role of women in development activiies. The Minister of Health also confirmed the Government position on population issues at the 1984 International Population Conference in Mexico and said Lesotho has moved from a position of caution to one of clear comprehension of the need to manage population growth and to adopt policies that would lead to a reduction in population growth while maintaining the individual and couple's right to decide the number and spacing of children. The Third (1980-1985) Five Year Development Plan includes statements on the need to decrease population growth and support family planning programs, however, to date, little has been done to follow-up these resolutions and statements and to translate them into specific strategies and actions.

Lesotho has been providing family planning services for over ten years. The Ministry of Health (MOH) provides roughly 50 percent of the services while non-government groups such as the Private Health Association of Lesotho (PHAL) and the Lesotho Planned Parenthood Association (LPPA) provide the remainder. LPPA is the largest single non-government group which supports family planning in the country and plays a major role in providing FP information and services. The Association has 65 paid staff and operates 10 clinics and 16 outstations

motivational work, training of paramedical workers, family life education, women's projects and a pilot Community Based Distribution Program. LPPA has been experiencing management problems, as reported by a recent management audit of their program, however, measures have been taken to make improvements in leadership and staff relations.

The Catholic Church provides a substantial portion of the health care in the private sector. There is interest from Catholic hospitals and clinics in offering natural family planning services. The Lesotho Catholic Secretariat has conducted some training in natural family planning but to date, the number practicing any of these methods is small.

The total number of MOH reported users for all methods of contraception for 1984 was 18,000 or about seven percent of women in reproductive ages between 15-49. While the numbers are not totally reliable, a review of statistics from the past few years reveals that the percentage of users has not increased much since 1977, and that contraceptive prevalence remains at about seven percent. Very high drop-out rates are recorded especially among pill users and from statistics, it appears that the program has predominantly attracted younger rather than the older women of child bearing age. Both MOH and LPPA have experienced frequent shortages of certain contraceptives over the past few years, although the situation has improved since 1984 with assistance from CDC and ESAMI.

The World Bank and UNFPA have conducted health and population assessments which have resulted in the development of projects to provide

1984 and includes strengthening the MOH MCH/FP program primarily through training. A four year World Bank project just started in October, 1985 and will provide health and FP support to the MOH in making improvements in the management of the MOH, support for Health and Family Planning Services, assistance to the Pharmaceutical Supply System and Manpower Development. It is clear, given the size of the country and its limited human and financial resource base, there exists a real potential for donor/activity overload. Care should be taken to coordinate activities, focus on priority problems identified by the government, and phase efforts to assure that key Basotho have the time to take an active role in implementing program activities.

II. AID and Other Donor Support

A. AID

AID has been a major provider of health support to Lesotho and some of the AID supported health projects have been viewed as some of the most successful health initiatives to date. The Rural Health Development project assisted the MOH to improve planning, manpower and organizational skills and trained nurse clinicians and village health workers. The project was completed in July, 1985. Likewise, the Combatting Childhood and Communicable Diseases project is a four-year project which began in 1984 to assist the MOH in commodities, technical assistance and manpower development with a major focus on childhood diseases.

Outside of a few JHPIEGO trained participants, a small FPIA project with a mission hospital, provision of some contraceptive supplies and support for the Lesotho Fertility Survey in 1977, AID has provided very little population support to the country. Therefore, in February, 1984 REDSO/ESA conducted a Population and Family Planning Overview in Lesotho. The purpose of the assessment was to review the status of population and family planning activities and programs and to identify needs and areas for potential future program support, taking into consideration other donor activities and plans.

The REDSO/ESA Population Officer returned in April, 1984 to discuss the report and findings with government, non-government organizations and USAID. Recommendations were made on what types of assistance AID should provide and focused on three areas: contraceptives and logistics assistance, the need for a thorough review of the FP program and support to increase policy dialog among Basotho leaders to encourage the adoption of a stronger population policy and plan. At the same time, the mechanism of developing a Family Health Initiatives project to incorporate a few key priority population activities was discussed with AID and the MOH. After discussions, it was agreed that the preference of the Mission would be to design one project rather than to have a number of centrally funded projects, although it was anticipated that a select number of central projects would provide additional assistance and support under the overall project framework.

As a follow-up to the report recommendations, an AID-funded team from Centers for Disease Control (CDC) and East and Southern African Management Institute (ESAMI) visited Lesotho in July, 1984 to review the contraceptive logistics situation and to discuss government interest in an evaluation of the FP service program. The Government requested further assistance in contraceptive supply management, but preferred to wait to conduct an intensive evaluation once they had corrected some of the problems in their family planning program of which they were aware.

In November, 1984 Basotho officials attended the ESAMI FP Logistics Training in Tanzania and in December a CDC/ESAMI team returned to Lesotho as a follow-up to the workshop. In addition to conducting the first in-country FP logistics courses they made recommendations on ways to improve services, statistics reporting, management of the logistics system and computerization of NDSO. Suggested formats for a new requisition and issue voucher, service statistics monthly report, contraceptive usage report, MCH/FP clinic registers and client record cards were also completed. Through Program and Development Support (PD & S) funds USAID paid for the printing of these new forms which are currently being field tested. ESAMI will return in March, 1986 to review the experience of the new forms and to plan the remainder of the in-country logistics workshops. The goal is to have everyone who is responsible for ordering, or handling contraceptive supplies within the health care delivery system trained in simple FP logistics and record keeping.

In April, 1985 the REDSO/ESA Population Officer returned to Lesotho to continue discussions on the need for a Family Health Initiatives Project. By this time, the World Bank Health Project Document was near completion and the UNFPA project was due to start. In light of these two MOH projects, AID suggested that once assistance needs were identified, it may be preferable to work through one of the non-governmental organizations, such as the Lesotho Planned Parenthood Association (LPPA) as the lead agency in project implementation. The concept was generally agreed upon by the MOH. Also, three areas for AID assistance were identified which were: (a) contraceptive supplies and FP logistics assistance, (b) Information, Education and Communication, (c) Operations Research to test innovative alternative service delivery schemes including

support for some natural family planning activities and (d) depending upon the availability of UNFPA funding, training and software support for the 1986 Population Census.

The REDSO/ESA Population Officer returned again in December, 1985 to develop the Terms of Reference and Scopes of Work for the Family Health Initiatives Project design which is planned for February, 1986.

UNFPA

UNFPA conducted a Basic Population Needs Assessment in April, 1984, however, the report has still not been released. A two year project to provide assistance to the National MOH MCH/FP program started when an Expatriate Advisor arrived in October, 1984. The project primarily supports training of core MCH/FP trainers and orientation courses for health workers including training materials, supplies and equipment.

Funds are also supporting an Expatriate Demographer who is posted at the University and a $733,000 request has been submitted and is under review in New York to support the 1986 Population Census.

The World Bank

The World Bank conducted a Population, Health and Nutrition Sector Assessment in 1981 which was followed by Appraisal Missions in 1983 and 1984 to develop a comprehensive health and family planning project. The four year 3.5 million dollar project was approved in May, 1985 and was due to start in October this year.

The project includes IDA financing and parallel co-financing and technical assistance by several agencies, including WHO and bilateral donors including $150,000 worth of support, primarily training from AID.*

The project includes four components:

A. Organization and Management of the MOH (activities include: MOH personnel review and job classification study, design and conducting a national household survey, assistance in budgeting and accounting, improved communication and transportation system and the establishment of a project coordination unit. Total funding $900,000).

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* Activities include support for training four participants in FP Management, two participants in endoscopy, four participants in IEC, technical assistance in clinical recordkeeping and logistics (2 person

B. Health and Family Planning Services (activities include clinic renovation and construction, FP training, equipment and contraceptive supplies, strengthening and expanding the IEC program, support to the National TB Control Program and funding for population and family planning activities (e.g. $70,000) outside the MOH. Total funding $2,000,000).

C. Pharmaceutical Supply System (activities include upgrading and expanding the Lesotho Drug Association, construction and renovation of the NDSO warehouse, and technical assistance in medical drug supply procurement and management. Total funding $700,000).

D. Manpower Development (activities include construction of the National Health training center, training fellowships, short-term out of country training, support for local training and consultant services for manpower planning. Total funding 2.3 million).

The World Bank projected contraceptive requirements for the four year project include:

	Year 1	Year 2	Year 3	Year 4	Total
Pills	75,000 cycles	82,500	91,000	100,000	348,500
IUDs	2,000 units	2,200	2,500	2,750	9,450
Condoms	60,000 pieces	66,000	73,000	80,000	279,000
Injectables (10 dose vials)	1,500	1,700	1,900	2,100	7,200
Foam & Jelly (tabs)	1,000	1,100	1,200	1,400	5,700

WB projected costs are $159,000

This project is a complex and comprehensive project which will require a lot of time on the part of the MOH to implement. Within this context, AID needs to assure that any assistance complements and assists the MOH in meeting its FP program needs.

International Planned Parenthood Federation

The International Planned Parenthood Federation (IPPF) has been the major supporter of the Lesotho Planned Parenthood Association (LPPA). The IPPF operating grant to LPPA has averaged 350-400,000 U.S. dollars per year excluding commodities. The 1985 operating grant was $367,000 and for 1986 $284,000. This drop in funding is directly attributable to the withdrawal of AID support to IPPF.

The 1986 work program includes two Management Development Seminars and Workshops for staff and volunteers, on-going support to the clinical service program, FP motivation through pitsos, and FP seminars for chiefs and church leaders, male motivation and teacher training in Family Life Education, Community Based Distribution, fund raising and membership drives and train home economists in FP.

SCOPE OF WORK FOR THE LESOTHO FAMILY HEALTH INITIATIVES PROJECT

DATES: Three weeks beginning February 3, 1986

Each team member will work a six (6) day work week. The first two weeks will be spent in reviewing key planning and project documents and reports, discussions with government and non-government counterparts and field visits to review selected FP program activities. Key contacts which have been so designated include:

MOH - Mrs. M. Matsau - Planning
Dr. M. Moteetee - Head of MCH/FP
Mrs. M. Molapo - MCH/FP

LPPA - Mrs. M. Ramaili, Executive Director
Mrs. L. Mokhothu, Asst. Executive Director

The final week will be spent writing the project proposal.

TEAM COMPOSITION: Design Officer - Carolyn Barnes, REDSO/ESA
Population Officer - Barbara Kennedy, REDSO/ESA
IEC Specialist - Robert Worrall, PCS Consultant
Operations Research Specialists - TBD from Columbia University and/or Georgetown NFP Project

Project Proposal Development

The project proposal will be a 15-20 page mini-Project Paper (PP) proposal serving the purposes of both the Project Identification Document (PID) and Project Paper (PP).* The proposal shall include:

- Background on Country Population and Family Planning Activities
- Review of current Program Activities, Institutional Capacity and Assistance Needs including other donor/assistance inputs
- Brief Project Description - Goal, Purpose, Objectives, Outputs, Inputs
- Project Budget (including any necessary waivers) Financial Arrangements
- Log Frame
- Implementation Plan
- Evaluation Schedule
- Monitoring Arrangments
- Action Memorandum and Project Facesheet

* Project Identification Document (PID) and Project Paper (PP) are terms used by the Agency for International Development (AID) to denote documents which are prepared as part of the project approval process.

Project Components

Information, Education and Communication

This component will be through the LPPA and MOH as the lead agencies for coordinating and implementing all project activities. Some of the identified activities to be considered for project funding include training of LPPA and MOH IEC staff in various aspects of FP communications, production of print materials such as booklets, posters and pamphlets and community education and seminars for chiefs, Principal Secretaries and Parliamentarians.

Contraceptives and Logistics Management

The project will support the purchase of contraceptives and related FP equipment to meet the needs of the MOH and LPPA programs. Technical assistance will be continued through the ESAMI project in forecasting, storage, distribution and reporting on usage of MCH/FP supplies including development and printing of new forms. The principal agency to handle and coordinate activities within this component will be the MCH/FP Unit in the MOH.

Research and Evaluation

To improve the local capability to conduct FP research and evaluation activities and develop a program unit within the LPPA with close coordination with the MOH. Specific activities may include:

1. Operations Research Projects to test alternative models for community based distribution of contraceptives.
2. Testing the most effective means for delivering NFP services within the present service delivery scheme.
3. Test and explore alternative Fee structures for FP and other income generating activities.
4. Study the reasons for high discontinuation of various FP methods.

Each team member will be responsible for developing and writing up sections of the project proposal. Various responsibilities for each team member includes:

Design/Population Officer: Responsible for the overall project design, packaging and presenting the final project document, assuring that each team member is clear on his or her assignments and submits finished written product. In addition, she will have direct writing responsibility for the Project Budget, Financial Arrangements, Action Memorandum, Project Face Sheet and Log Frame. She will also determine GOL review and approval process for project.

Will technically lead team in discussions on project development within AID, with donors and host country counterparts. He or she will be directly responsible for writing up the sections on Country Background, Review of Current Programs, Implementation Plan, Evaluation Schedule, and Monitoring Arrangements. He or she will also provide assistance on developing the Project Description.

IEC Specialist: He will be responsible for developing the IEC Project component. This will include an assessment and review of IEC and Health Education Activities of the MOH, LPPA including the Lesotho Distance Teaching Center and Ministry of Information and Broadcasting. Also, based on current capabilities and needs of the FP program, develop an overall IEC Program Plan with specific IEC activities to be funded through the project. The development of the IEC component will include a description of the goal, purpose, activities, budget, implementation arrangements and end of project status.

Operations Research Specialist: This person(s) will be responsible for designing, the research and evaluation and contraceptive and logistics section of the project proposal to include the description of the goal, purpose, activities, budget, implementation arrangements and end of project status. Research and evaluation sub-projects or activities are likely to be funded through the MOH, LPPA and Catholic Secretariat.

CONTACT LIST

Lesotho Planned Parenthood Association (LPPA):

Mrs. Limakatso Mokhothu - Assistant Executive Director

Ministry of Health (MOH):

Dr. M. Moteete - Head MCH/FP

Mrs. V.M. Molapo - MCH/FP Unit

Mr. Teboho Mathaba - Health Education Unit

February 13, 1986

APPENDIX D

Mr. Ved Kumar

The World Bank

1818 H Street, N.W.

Washington, D.C. 20433

Dear Mr. Kumar:

In followup to your recent visit to Lesotho and the implementation of the World Bank financed project in health, we thought it portant to advise you on the status of the A.I.D. commitment in support of the World Bank health project. In this regard, I am attaching a copy of my letter dated November 10, 1984 which explained our interest and provided details on the A.I.D. support to be provided in support of this activity.

~~In addition,~~ We would also like to clarify the A.I.D. position with regard to other types of assistance which have been discussed during your visits to Lesotho.

With regard to my letter of November 10, 1984, I am pleased to inform you that we are either generally on or ahead of target with respect to provision of assistance as outlined in my letter. For example, A.I.D. committed to provide the following:

1. Training of Family Planning Administrators: Four participants for six weeks each over the next four years. These participants were to be drawn from the Ministry of Health (2), the Lesotho Planned Parenthood Association (1) and from the Private Health Association of Lesotho (1).

Since my letter of November 10, 1984, A.I.D. has provided support to one candidate from the Ministry of Health. Others are now under consideration and will possibly be sent in CY1986. In addition we are considering sponsoring a management course for administrators which will be held in here this and given by short-term technical assistants.

2. Training in Laparascopy: Two MOH nurses--four to six weeks program over the next three years.

A.I.D. in CY1985 provided support for the training of two MOH physicians, Doctors Setlhapelo and Tlale. It is possible that additional candidates may be supported for ~~this in~~ laparascopy training in CY1986.

3. Family Planning/IEC Course: Four participants over the next four years. Duration of training approximately six weeks. Two participants to be selected from the MOH, 1 from the LPPA and 1 from the Women's Bureau.

Since my November 10, 1984 letter, three nurses have been sent for Family Planning/IENC training; Sister Ranots'i from Maluti Hospital (PHAL) and Mrs. Mokhele and Mrs. Soqaka from the Ministry of Health.

4. <u>Technical assistance in clinical record keeping and logistics: 1 person for approximately two months.</u>

In the area of clinical record keeping and logistics considerable progress has been made. Centers for Disease Control (CDC) consultants have visited Lesotho on three occasions since November, 1984. These consultancies have resulted in a number of reports and recommendations for the improvement of the Lesotho drug and FP commodity logistics system. These recommendations are now being implemented. Forms have been designed for improved drug and FP commodity control and monitoring by the CDC consultant team and these have been printed with A.I.D. assistance. These forms are now being introduced at all MCH/FP clinics. In addition, new patient record keeping forms have been designed and printed. These also are being introduced at all MCH/FP clinics. If these forms prove successful at the MCH/FP level, they will then be introduced at all health clinics.

In March we are expecting a followup visit from a Centers for Disease Control (CDC) consultant from Arusha, Tanzania. This consultant will review progress in introducing the new forms and assist with any modifications which may prove necessary.

In summary, A.I.D. has provided more assistance in this area of logistics and record keeping than anticipated in my letter of November 10, 1984. We remain very pleased with progress in this area and believe the institutional basis has been further strengthened for the successful implementation of the World Bank project.

5. Family Planning Pamphlet Development: Approximately six-eight pamphlets to be developed for semi and/or illiterate people on family planning. Estimated cost: $40,000.

No A.I.D. assistance for the printing of FP pamphlets has been provided, to date. Such assistance will be integrated into the Family Health Initiatives sub-project which is now under design by USAID.

In summary, as I indicated above, AID is generally ahead of target with respect to the provision of assistance as outlined in my letter of November 10, 1984 to you.

With regard to other assistance which has been discussed during your visits, I would like to rearticulate our understanding of these discussions and clarify the A.I.D. position with respect to the provision of such assistance.

Essentially such assistance would be targetted or is desired in two areas: (a) Information, Education and Communications and (b) Health Information Systems.

In the Information, Communications and Education area, you have requested AID to provide roughtly six-eight weeks of technical assistance in CY1986. Such technical assistance would be directed to the preparation of a strategy and plan for all future IE&C activities to be undertaken under the World Bank project. Thereafter, you desire approximately two-four weeks of technical assistance per annum to monitor and guide IE&C activities as described in IE& C strategy and plan developed earlier.

In the Health Information Systems area, you have requested that AID provide four-six weeks of technical assistance in CY1986 to assist the Ministry of Health and the project to increase the applicability and utilization of health data now being collected. In subsequent years, two to four weeks per annum of such assistance is requested.

As you are aware, both of these areas are the focus of past and present AID assistance. At present, we are plannig for the near term placement of a Peace Corps graphics artist to strengthen the Health Education Unit (HEU) and to undertake on-the-job training of HEU staff. In addition, we are delivering considerable material and other assistance to this unit through the Combatting Childhood Communicable Diseases Project (CCCD).

While the CCCD project is an AID regionally funded activity, the objectives may well serve both AID and World Bank goals in the sector.

In addition, the placement of a long term mass media person in the Ministry of Health in association with the CCCD project has been under discussion and consideration by AID. In our discussions with you we have mentioned this possible placement. We wish to reiterate, however, that no firm decisions has been made in this regard and no firm commitment has been made either to the World Bank or the Ministry of Health with respect to the provision of such a specialist. If such technical assistance were to be provided, it would be done in connection with the CCCD project and not as an input to the World Bank project. The advisor would have very specific goals and objectives related to that project and any gain or connection with the World Bank project would have to come as a result of his activities under the CCCD project. We are not therefore prepared to make the provision of such a specialist as a specific commitment to the World Bank project.

In the Health Information area, AID and other donors have made considerable investment and progress. For example, ~~considerable~~ AID assistance, including the services of a computer systems design specialist, ~~and~~ equipment and miscellaneous support was made available under the AID financed Rural Health Development project. When this project terminated in mid CY1985, the computer systems specialist was picked up by the CCCD project. ~~In addition to the services of this specialist other assistance, including equipment has been provided to the Ministry of Health. As we have mentioned in our discussions with you,~~ While ~~very~~ substantial progress has been evident with regard to the collection of data, more must be done to insure the data being collected is being properly and fully utilized for improved decision making. ~~As noted, the services of the computer systems design technician are continuing to be made available to the Ministry of Health under the CCCD project.~~ If in the course of his regular project duties, ~~this~~ the CCCD financed computer systems design specialist can assist and benefit the World Bank project we are most happy to encourage and support such collaboration. AID is not prepared, however, to provide the services of ~~a~~ additional health information specialist who would assist with the specific task of improving data utilization. Simply, we do not have the resources ~~available~~ to provide such support. Further, we consider the need to be of longer duration than that presently envisioned by the World Bank. We would therefore suggest and recommend that the World Bank include in its project the provision of such a specialist for a period of two years.

A two year assignment should be sufficient to ~~not only~~ improve existing data utilization in the MOH ~~but~~ and to add new needs to the information systems which result from the World Bank's work in organization improvement, occupational reclassification, etc.

We hope the above bring you up to date on the AID commitment to the World Bank project and clarifies our position with respect to the provision of assistance in areas not covered in my letter of November 10, 1984. At this stage, AID can only commit to those items covered in the afore-mentioned letter. Should, however, we reach agreement on other areas of overlap and cooperation we would be most happy to amend this letter to cover these other areas as well.

In closing, I would like to mention the design of the Family Health Initiatives sub-project. We were most pleased that you were able to meet with the AID design team during your recent visit. As you are aware, considerable effort is being directed to insuring any new AID project will properly relate to and support other donor activities in this important sector. When this design effort is completed, we shall be most happy to provide you with a copy of the project proposal to see if there are other possible areas of cooperation. This new project will be presented for funding early in FY1987.

Sincerely,

Lyle Dean Bernius

Program Officer

Clearances: CCCD:JWNelson ________

FHI (TDY):CBarnes _____

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AGREEMENT BETWEEN LESOTHO DISTANCE TEACHING CENTRE AND THE MINISTRY OF HEALTH (HEALTH EDUCATION UNIT)

PROJECT TITLE: Health and Population Project

Sub-component - Information Education Communication (IEC)

1. Basis of the Agreement:

1.a) In order to step up IEC activities in the early years of the Health and Population Project, The Ministry of Health, through the Health Education Unit is contracting with the Lesotho Distance Teaching Centre (LDTC) to develop, pre-test and produce special campaigns, print materials and radio programs in the areas of Family Planning, Breast Feeding and Weaning, Tuberculosis (TB), Sexually Transmitted Diseases (STD), and Leprosy.

1.b) This "Agreement" is between the Lesotho Distance Teaching Centre (LDTC) hereunder refered to as the Centre, and Ministry of Health - Health Education Unit (HEU) under its project entitled Health and Population Project.

1.c) Under this "Agreement" the Centre will provide services to the Ministry of Health in the following areas:

(i) - Research and evaluation
(ii) - Development and production of materials
(iii) - Distribution of materials
(iv) - Production of radio programs
(v) - Training of Health Personnel

2. The Centre agrees to provide services as follows:

2.a) Research and Evaluation

The Centre will carry out a survey to assess availability of various media in each Health Services Area.

The Centre will gather and analyse base line data and contraceptive knowledge, attitudes, practices to ensure that IEC materials are appropriately targeted.

The Centre will compile and provide a report following this assessment.

2.b) Development and Production of Materials

2.b) 1 The Centre will develop campaign materials as follows:

i) Three (3) print campaigns in family planning

ii) One (1) in breast feeding and weaning practices

iii) One (1) in sexually transmitted diseases

vi) One (1) in tuberculosis and Leprosy

2.b) 2 For each campaign the Centre will produce three (3) pamphlets and two (2) posters at ten thousands (10,000) copies each, and in collaboration with Health Education Unit assume responsible for their distribution.

2.b) 3 The Centre will also produce one thousand (1,000) manuals on each of the five campaign areas for use by staff involved in the relevant health care including Lesotho Planned Parenthood Association (LPPA).

2.c) Distribution of Materials

i) The Centre together with Health Education Unit, will ensure that the Health Education materials are cleared with the Director of Health Services prior to their printing and distribution.

ii) The Centre in collaboration with Health Education Unit, will take responsibility for the distribution of the materials.

iii) The Centre will make a follow-up of the distributed materials to ascertain their proper usage.

2.d) Production of Radio Programs

i) The Centre will produce three (3) thirty minute programs each week during the project period.

ii) Through project funding, The Ministry of Health, through the HEU will purchase prime radio time from Radio Lesotho for broadcast of the radio programs mentioned under 2.d) i above.

iii) The Centre will prepare three (3) programs with associated manuals on the campaign area to be broadcast over the MOH Radio Communication Network.

2.e) Training of Health Personnel

i) The Centre will train the Health Education Staff and other Health Personnel in the use of the materials and follow-up.

3. Monitoring and Evaluation

Coordinating Committee with HEU

a) The Centre with relevant sections of the Ministry of Health and other Agencies will hold quarterly meetings to monitor the progress of the implementation of this agreement.

b) The Centre with The Health Education Unit and other relevant sections of the Ministry of Health and Non-Governmental Agencies will review materials as they are produced.

4. Budget

The Centre will carry the above activities within the budget attached here as Annex I. Funds will be provided under the project.

5. Duration of Agreement

a) This Agreement shall remain in force for a period of four (4) years from the date of signing; provided, however that the Ministry of Health may terminate this Agreement any time after the service in writing of three (3) months notice to The Lesotho Distance Teaching Centre.

b) Either party may terminate this Agreement by the services of 6 months notice in writing.

6. This Agreement will take effect as of its date of last signature.

Agreeing parties.

Lesotho Distance Teaching Centre (LDTC)	Ministry of Health - Principal Secretary for Health.
By: LIPHOLO MAKHETHA	By: V T NAORE
Signature: [signature]	Signature: [signature]
Date: 02 December, 1985	Date:

LESOTHO DISTANCE TEACHING CENTRE 02 DEC 1985 MASERU

ANNEX I

Lesotho Distance Training Center (LDTC) Work Program

Proposed Total Costs for Health Education Unit Project Entitled "Family Planning/Breastfeeding/TB/STD Campaigns and Materials September 1985 to September 1989" to be Undertaken by LDTC

	Year 1	Year 2	Year 3	Year 4	Total
1. Surveys	33,024		33,024		66,048
2. Development and printing of materials	23,463	23,463	23,463	23,463	93,852
3. Radio program production	6,589	6,589	6,589	6,589	26,356
4. Pretesting and implementation	9,000	9,000	9,000	9,000	36,000
5. Family Planning clearinghouse and administration	5,300	5,300	5,300	5,300	21,200
6. Quarterly meeting in family planning IEC for MOH, LPPA, PHAL and other interested parties	400	400	400	400	1,600
Grand Total	77,776	44,752	77,776	44,752	245,056

Notes:

(a) All figures are in Maloti.

(b) All lisente are rounded up to the next Maloti.

(c) Year budgets for items 2-4 are determined by dividing totals by four (years).

(d) All figures for the years 1984 to 1989 are quoted in June 1984 Maloti.

Budget Breakdown
(Maloti)

1. Survey - Assessment of Health Education Material.
(One survey covering all 18 health service areas)

Item	Cost
a. Design, data analysis, and report writing One senior researcher for five months 20 working days/month x M50/day	5,000
b. Identify existing health materials and assist Senior Researcher for 15 working days at M35/day	525
c. Field Work 20 field workers for 40 days at M20/day including per diem	16,000
d. Typing of instruments and reports One typist to type instruments for 10 days at M22.50/day	225
Two typists to type final report of approximately 100 pages for 20 days at M22.50/day	900
e. Production of final report Printing 100 pages at .03/page - 100 copies	300
Covers at .20x100 copies	20
Binding at .20/copy x 100 copies	20
Supplies, photocopying, etc.	34
f. Transportation for field work	10,000
Total Cost for Survey	33,024

2. Development and production of FP/BF/TB/STD Materials for Semi-Literate Audiences
(On average 2-3 leaflets, 3-4 posters and 1 pamphlet x 10,000 copies plus training materials and manuals x 100 for each of six campaigns 3FP, 1BF, 1 STD, 1TB)

Item	Cost
a. Development Costs Writing: 2 writers x 18 pamphlets/booklets x M560/month per writer	20,160
Graphics: 10 graphics per campaign x 6 x M6 per grphic	360
Darkroom: 4 photos x 6 campaigns x M2/photo	48
Layout: 18 pamphlets x 1 hr/unit x M8/hour	144
Editing: 18 pamphlets x 1/day x M45/day	270
Typing: 18 pamphlets x 2 days/book x M22.50/day	270
b. Production Costs Printing: 18 pamphlets x 6 pages x .03/page x 1000 copies	32,400
Manuals	8,000
Miscellaneous supplies: staples, binding, etc	6,600
Posters 12 x 10,000 x .213	25,600
Total Cost for Development and Production	93,852

Budget Breakdown
(Maloti)

3. Radio Program Production
   (3 hours per week for four years (624 hours)) – is this for radio comm. networks
   (3 thirty minute programs per week)

a. Production	
One producer at M7.50/hour x 624 hours	
b. Studio use and Operator	4,680
M8.50/hour x 624 hours	
c. Evaluation of radio programs	5,304
(once every 6 mos. for 2 weeks; total 7 evaluations)	
One Senior Researcher: every 6 months	
for 5 days at M50/day	
Two field Workers: 2 weeks every 6 months x M20/day	1,750
per field worker	
d. Radio Materials	4,200
(3 thirty minutes each week)	
Recording tape: one 7" tape per thirty-minute program;	
M8/tapes; 3 tapes/week x 52 weeks x 4 years	
Actors: 2 actors per program x M4 per actor/program	4,992
Music, sound effects: .70/program x 3 programs/ week	4,992
x 52 weeks x 4 years	
Script development: M180 per program	436.8
(suggest HEU does its own script development)	
Total Cost for Radio Production Program	26,354.8

4. Pretesting and Implementation

a. Focus grc	
x 6 campa	
b. Two-way r	
6 campaig	
plus shipping costs	
c. Trip to major centers - 2 trainers x 2/year x 4 years	9,000
	19,000
Total Costs for Pretesting and Implementation	36,000

No budget for survey of availability of media in each Health Service area - page 1

COMPONENT: LPPA

BY AID FISCAL YEAR

(1st Quarter Oct-Dec 1986, 2nd Quarter, Jan-March, 3rd Quarter, April-June, 4th Quarter, July-Sept)

	1987				1988				1989				1990			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
National Family Life Workshop 10 Days, March	X															
Regional Family Life Workshop, Qacha's Nek, South, 5 Days, March					X											
Regional Family Life Workshop, Leribe, 5 Days, March									X							
Regional Family Life Workshop, Mohale's Hoek, 5 Days, March													X			
First Printing of Posters, Pamphlets, Leaflets and Calendars Completed				X												
Second Printing of Posters, Pamphlets, Leaflets and Calendars Completed												X				
Family Life Education Survey - On Contract (FLI Consultant Arrives		X														
Out-of-Country Training for FLE Counsellor/Advisor					X	X										
Counselling and Guidance Center Opens									X							
Second FLE Survey												X				

COMPONENT: CBD

	1987				1988				1989				1990			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Consultant for Program Assessment																
1 LPPA Staff, 6 Weeks		X	X				X						X			
(Re)Training Workers			X													
Recruitment New Workers			X													
Training New Workers				X												
Monitoring/Supervision				X	X	X	X	X	X	X	X	X	X	X	X	
Service Comparison																
Baseline Survey									X							
Recruitment Workers																
2 New Areas									X							
Training Workers																
2 New Areas									X							
Monitoring/Supervision										X	X	X	X	X	X	X
Final Evaluation																X
Fund Raising	X															
Consultant																
Fund Raising Activities (between other activities)																
Drop Out																
1 Work with Consultant on Design, Coordinate with MOH, PHAL				X												

	1987				1988				1989				1990			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Chiefs and Other Opinion Leaders Seminars, May, September			X	X												
						X	X									
										X	X					
														X	X	
Order Equipment	X															
Audio-Visual Equipment Arrives July			X													
Video Training Completed					X											
Second Video Production Completed							X									
Third Video Production Completed									X							
Fourth Video Production Completed												X				

PROCUREMENT

NUMBER	ITEM AND DESCRIPTION	COST	SOURCE	ORIGIN
2	16mm Motion Picture Projector Bell and Howell Autoload with Case; take-up reel; detachable speaker; 2 extra exciter lamps 2 extra projector bulbs	R1075.00 x2 R2150	Telemedia (Pty) Ltd. Contact: Graham Parkinson P.O. Box 783515 Sandton 2146 Johannesburg, RSA	U.S.
2	Projection Screen Model: Picture King Dalite 70" by 70"	R161 x2 R322	Serendip Stationers Maseru [Represent ETA - RSA Commissioner St. Johannesburg, RSA]	U.S.
1	Studio Tape Recorder TEAC (TASCAM) Model 52 7 1/2-15 ips	R5,200	TASCAM/TEAC TEAC Corp. of America 7733 Telegraph Road Montebello, CA, 90640 --------------------- TASCAM/TEAC SPESCOM Inc. Johannesburg, RSA	U.S.
4	Portable Cassette Tape Recorder Model TC SONY - TC-D5PRO 4 Track, 2 Channel	R4,816	SONY Corporation Paramus, New Jersey --------------------- Telelex Pty. Ltc. Contact: Neil White 29 Heronmere Rd., Rouven Booysens Johannesburg, RSA	Japan
1	Microphone RE 15 ElectroVoice with ElectroVoice 314 Windscreen	R441	ElectroVoice 600 Cecil Street Buchanen, MI 49107 --------------------- Pro Sound, Box 261458 218 Commissioner St. Johannesburg, RSA	U.S.

2	Flash Attachment Pentax Electronic Flash AF280T	R365.50	Stans Photo Landberg Johannesburg, RSA ------------------ Curt Solomon Sauer Street Johannesburg, RSA	Japan
2	35mm Reflex Camera Pentax Model K1000 50mm Lens	R645	" " "	Japan
2	Elevator Tripod Quickset SAM-TPD-3	R709.50	Lastron (Pty) Ltd. Contact: Rick Butler P.O. Box 330 Paardeneiland 7420 Cape Town, RSA ------------------ Telemedia (Pty) Ltd. Contact: Graham Parkinson P.O. Box 783515 Sandton 2146 Johannesburg, RSA	U.S.
2	VCR Monitor/Receiver SONY CVM 2250 22"	R3,655	SONY Corporation Paramus, New Jersey -------------------- Tedelex Pty. Ltd. Contact: Neil White 29 Heronmerc Road Rouven, Booysens Johannesburg	Japan
2	Portable VHS Tape Deck-Recorder Hitachi VT-39EM and extra rechargeable battery	R6,127	Katz International 2, 6th Street, Wynberg Sandton 2199 Johannesburg, RSA	Japan

2	Video to Video Phono (RCA) Plug to Plug, PP-PP-CU-10 10 foot cable	R43	Comprehensive Video Supply, 148 Veterans Drive, Northvale, NJ 07647-9180 USA -------------------- Tedelex, Pty. Ltd. Contact Neil White 29 Heronmere Road Rouvens, Booysens Johannesburg, RSA	U.S.
2	BNC Plug to Plug BB-C-10	R56	" " "	U.S.
2	Conversion Plugs Video Adapter Model PJ-BP PhonoJack to RNC Plug	R22.75	" " "	U.S.
2	Phono Plug to BNC Jack Video Adapter PP-BJ	R19.74	" " "	U.S.
2	Audio Cables VTR to Monitor Phono RCA Plug to Plug Model PP-PP-10 10 Ft.	R12.90	" " "	U.S.
2	Mini Plug to Phono RCA MP-PP-10	R12.86	" " "	U.S.
2	Microphone cable XLR Jack to Mini Plug XLRJ-MP-10 10 Ft.	R42.96	" " "	U.S.

2	Microphone Extension Cable XLRP-XLRJ-25	R145.98	" " "	U.S.
2	Microphone Extension Cable XLRP-XLRJ-15	R115.95	" " "	U.S.
2	XLR Plug to Standard Phone Plug XLRP-SPP-10	R85.77	" " "	U.S.
4	Audio Connectors Model MP-SPJ Mini Plug to Standard Phone Jacks	R14.89	" " "	U.S.
2	Mike Stands Electrovoice Desk stands with 312 Clamp 4234	R107.50	ElectroVoice 600 Cecil Street Buchanan, MI 49107 -------------------	U.S.
48	1/2" Videotape rolls		Kis Photo Shop, Maseru Supra Video	U.S.
26	Audio tape, 1/4"		" " "	U.S.
78	1/4" blank cassettes		" " "	U.S.
416	24 Exposure 35mm film 400 ASA	R 8,35 each	" " "	U.S.