

MURROVIA

TOAID A-660

UNCLASSIFIED

6690110-(2)  
PD-AAC - 086-B1 18p  
Reference Center 18  
Room 1656 NS

NONCAPITAL PROJECT PAPER (PROP)

Country: Liberia

Project No. 669-11-580-110

Submission Date: May 1 1968

Original X

Project Title: Maternal-Child Health/Family Planning Training

U.S. Obligation Span: FY 1969 through FY 1973

Physical Implementation Span: FY 1969 through FY 1973

Gross life - of - project financial requirements:

	<u>\$000</u>
US Dollars	690
U.S. - Owned Local Currency	-
Cooperating Country Cash Contribution	34
Other Donor	-
Totals	<u>\$724</u>

UNCLASSIFIED

## I. Summary Description

The existence of a Division of Maternal and Child Health in the Liberian National Public Health Service (NPHS) is evidence of the importance attached to health services for mothers and children, in the overall national health program. However, because of limited budgets and scarcity of adequately trained personnel, acceptable maternal-child health services are available for only a very small segment of the population. The National Public Health Service does not now, nor does it presently plan to make family planning per se an independent part of its national health program, but it does want to expand its maternal-child health (MCH) program to include those services related to family planning.

This project is designed to provide in-service training in maternal-child health and family planning services for nurses, midwives and other para-medical personnel presently employed throughout Liberia. Their training, to be provided through the Tubman National Institute of Medical Arts (TNIMA), will employ the latest methods of group instruction so that the personnel trained may, in turn, organize and conduct training courses for other para-medical personnel in their areas.

One MCH clinic center in Monrovia will be equipped and staffed to provide the trainees with facilities for putting into practice, under skilled direction and supervision, the lessons learned in the classroom.

US and third-country training will be provided for physicians, supervisory nursing and midwifery personnel for periods of ~~at~~ 6-12 months, to allow them to gain experience in the organization, administration and operation of family planning activities as an integral part of maternal-child health services. The physicians may, in addition, study some of the problems of infertility and its treatment.

Upon satisfactory completion of their training, and as they return to hospitals and clinics to train others, each trained person will be supplied with available training aids which can be effectively used in their areas. Working under medical supervision, they will help expand the maternal-child health services to include those of family planning and will also conduct educational activities for lay groups (mothers, fathers, etc.) in the immediate and surrounding areas.

As expanded MCH clinics are organized by the graduates of this in-service training program, this project will assist in providing non-expendable clinic equipment and family planning supplies, as needed. For patients of the MCH clinics in the Monrovia area, some family planning services will be provided by the Liberian Family Planning Association, on a referral basis.

In addition to the MCH-FP training described above, this project proposes assisting the National Public Health Service in the development of a permanent system of collecting, recording and utilizing demographic and other vital health statistics, by providing the full-time services of a statistician, for a period of four to five years. U.S. academic training will be provided for a qualified participant, leading to postgraduate degree in biostatistics. This participant will eventually head the NPHS Division of Records and Statistics.

## II. Project Setting

Liberia, with an estimated annual average population growth rate of 1.1%,\* is not presently threatened with a "population explosion". However, there is a growing awareness, especially among those concerned with development planning, of the influence that population growth has on socio-economic development in the country. Although Liberian officials generally believe that a moderate rate of population growth is almost a precondition for development, there is considerable interest now in trying to establish the point beyond which the presumed favorable effects of population growth shift to increasingly negative influences and "when progress is overwhelmed by people".

The health planners agree that there is a tremendous potential in the use of health services in trying to modify population growth. Population control can be made more effective if there is a better understanding and a planned use of some of the relevant social forces, and those in the field of health can make an enormous impact on population control. There is a definite correlation between fertility and infant mortality. Ever-increasing evidence indicates that a lowered infant mortality must antedate lowered fertility. Parents will not stop having ~~children~~ children until there is some assurance that those they have will survive, and parents will more readily accept family planning when they know that adequate health measures are available to help sustain the number of surviving children they want.

As indicated in the recent Population Report on Liberia, it is generally known that Liberians are not in favor of family planning equated with birth control, but there have been no public statements to this effect other than the President's statement in his Annual Report of 1965. Even though the President has said that "we need and seek increased population and, at the present time, do not subscribe to birth control in this country," he has given verbal approval of the principles of family planning, especially in the context of better health for mothers and babies. "In sum, the Government of Liberia is unofficially sympathetic to birth control programs but does not find it expedient to make official pronouncements to this effect", says the Population Report. This ambivalence toward population control seems to pervade many offices of the government.

\* For period 1962-67, Source: Population Report-Liberia-1967.

Family planning was introduced in Liberia in 1956 by the Pathfinder Fund. A Liberian Family Planning Association (LFPA) was established shortly thereafter, which is also receiving assistance from the International Planned Parenthood Federation. The LFPA conducts the only organized family planning program in the country.

The National Public Health Service considers family planning a normal part of maternal-child health services but, to date, has introduced no expanded programs. This project is an attempt to integrate family planning with an ~~expanded~~ improved and expanded maternal-child health services program.

In the field of health statistics, the National Public Health Service is keenly desirous of establishing an effective, nation-wide registration system for certain of the basic vital events (birth, deaths, incidence of disease, etc.), needed in health planning. The past efforts of its Division of Records of Statistics have resulted in the registration of only a small percentage of the actual births, deaths and diseases occurring throughout Liberia. The NPHS places a high priority on the development of an accurate and reliable body of health statistics.

### III. Strategy

Recognizing that successful control of population growth is closely related to effective health practices and procedures, especially in the field of maternal-child health, this project seeks to improve and expand present MCH services in Liberia through in-service and participant training programs for physicians, nurses and midwives presently on the staff of the National Public Health Service. This same objective could be achieved, in time, by directing all efforts towards student training in the paramedical training institutions of the country, but the proposed plan for providing in-service training for health personnel that have already completed basic training and are already employed by the NPHS, makes it possible to introduce improved and expanded MCH services in a matter of months. This does not mean, however, that paramedical students now in training would be excluded from the program. Courses in family planning for students presently in training would be integrated into the nursing and midwifery programs of Tubman National Institute of Medical Arts (TNIMA).

Although the goal and sector plans, as embodied in the Country Assistance Program for FY 68 and FY 69, make no specific provision for this proposed project, it is in accord with the purposes of Title X, PAA of 1967, and complements other current AID projects and activities in the public health sectors: the National Medical Center Development project (669-51-540-054); the Monrovia Sewerage System project (609-51-520-075); the Monrovia Water Supply System (669-22-520-089); the regional Measles Control/Smallpox/eradication projects; the Title II Food for Freedom program of food donations to MCH clinics, administered by CARE; and various activities (e.g. village wells, clinics, etc.) supported under the Special Self Help and Development project.

The National Public Health Service is desirous of improving maternal-child health services throughout the country and, in agreement with the concept that family planning is an essential part of an adequate MCH program, wants to provide training for ~~xx~~ physicians, nurses, midwives, and possibly other paramedical personnel, in improved techniques and procedures for an expanded maternal-child health service program, including family planning. The capabilities for such an expanded program will be achieved by (1) greater emphasis on maternal-child health and family planning for paramedical students during their training years, and (2) the proposed in-service training program for medical and paramedical graduates.

The Liberian Family Planning Association, a voluntary organization providing consultative and clinic services in family planning for the Monrovia area, will probably provide a part of the practical training in this field.

This proposed project will be closely related to the Liberian National Medical Center Project, as one component of the Medical Center Project is concerned with up-grading the TNIMA which is the GOV paramedical training institution. Much of the in-service training here proposed will be provided by faculty and staff of the TNIMA, and some of the practical experience will be gained through utilization of inpatient and outpatient services of the Maternity Center Hospital and the J.F. Kennedy Hospital.

#### IV. Planned Targets, Results, Outputs

This project is designed to provide in-service training of three to four months for a group of approximately 200 qualified nurses, midwives and other paramedical personnel from hospitals, health centers and clinics throughout Liberia, over a period of five years.

Included in the project are plans for developing the fullest possible "multiplier effect" by providing the graduates of these short courses with materials and instructional aids so that they can (1) conduct classes in MCH-FP services for other paramedical personnel and (2) organize lay groups (mothers, fathers, etc) for classes and demonstrations which will include antenatal, postnatal and infant care, nutrition, child feeding and family planning. In many instances the lay group instruction will be developed in conjunction with MCH-FP clinical services.

Under the direction and supervision of the two PASA nursing personnel to be funded in this project, the in-service training will be carried out at the Tubman Institute of Medical Arts (TNIMA). The counterparts for these two PASA technicians, with some US and/or third country training, should be able to take over the direction, supervision and evaluation of this program by the end of a five year period. The third PASA technician to be funded through this project will be the health statistician, who will be responsible for developing the NPHS capability in collecting and recording needed demographic and other health statistics.

Participant training (US and third country) will provide physicians and supervisory personnel with training and experience in the organization, administration and operation of family planning activities as an integral part of MCH service, as well as training in the field of biostatistics.

While there may be little measurable evidence of changed population trends at the end of the five year project period, a substantial contribution <sup>will have</sup> been made toward improved health for mothers and children, including greater knowledge and improved medical facilities to aid them in planning their family size in accordance with their own better-enlightened ~~choices~~ wishes. There will be a strengthening of maternal-child health, as well as ~~other~~ other services as a part of the basic infrastructure of an improved national health service and family planning program.

Although the statistician will assist the National Public Health Service (NPHS) in developing a system for collecting and recording demographic and other health statistics, it is recognized that the present resources of Liberia are too limited to support a full-fledged, nation-wide system of reporting and registration. Nevertheless, the training of field personnel does offer an excellent opportunity for (1) furthering the knowledge and significance of a proper system of recording vital information, and (2) providing a valuable learning experience in the day-to-day use of record and reporting forms. Moreover, upon return to their respective areas, these in-service graduates can serve as a focal point for the introduction of an improved registration system.

#### V. Course of Action

USAID will provide, through a PASA with the Department of Health Education and Welfare (D/HEW): (1) the services of one public health nurse in the first year, one nurse-midwife in the second year, and, through a PASA with the Bureau of Census, one statistician for the life of the project; (2) assistance in participant training for the first four years of the project, and (3) commodity support and other costs for the full five years of the project. The Government of Liberia (GOL) will provide the services of the Director and staff of the Maternal-Child Health Division and the faculty of the Tubman National Institute of Medical Arts (TNIMA); salaries for the in-service trainees during their periods of training; classrooms, office and library facilities; and gasoline, oil and vehicle maintenance. For the GOL CY 1968, the USAID will accept responsibility for all local costs, inasmuch as this year's GOL budget makes no provision for this project.

As already indicated, this project is designed to provide in-service training in maternal and child health services, including family planning, to medical and paramedical personnel throughout Liberia. The paramedical in-service graduates ~~will~~ will, upon return to their stations, conduct training classes for other paramedical personnel, as well as organize lay groups for instruction in maternal and child care.

Although detailed course content will be developed later, with the assistance of the USAID PASA nurse the following topical outline will be followed in general:

### Topical Outline of Courses

#### Classroom

Introduction to the course, including vital statistics	10 hrs.
Antenatal Care	16 "
Intrapartal Care	10 "
Postnatal Care	10 "
Neonatal Care	10 "
Growth and Development of Infant & Preschoolers	14 "
Common Diseases of Infants & Preschoolers in Liberia	10 "
Principles of Public Health Nursing	6 "
Principles & Methods of Teaching Health Personnel	10 "
Family Planning	10 "
<b>Total</b>	<b>108 "</b>

#### <sup>1</sup>Clinical Experience

Observation & Orientation	1 Week
Antenatal Clinic	1 "
Postnatal Clinic	1 "
Well Child Clinic	2 Weeks
Pediatric Clinic	2 "
Family Planning Clinic	2 "
Nursery School	2 "
Home Visits	2 "
Practice Teaching	1 Week
	<u>14 Weeks</u>

#### Methods of Teaching

Lectures  
 Demonstrations  
 Discussions  
 Seminars  
 Clinical Conferences

#### The following will be emphasized throughout the course:

Family Planning  
 Nutrition  
 Nurse-family Relationships  
 Anatomy and Physiology  
 Health Education

Class size and the duration of training, while not definitely decided at this point, will be of the magnitude indicated below.

<u>Trainees per Class</u>	<u>Classes per year</u>	<u>Duration</u>	<u>Trainees per year</u>	<u>Project Total For Trainees</u>
10-15	3	3-4 mos.	32-45	120-210

To provide some of the clinical experience necessary, it is proposed that one MCH clinic in the Monrovia area be so equipped and staffed that it can supply the best practicable level of services, under the most competent direction and supervision possible. Further investigation and study of available clinic facilities in Monrovia may indicate, as the best course of action, the establishment of a new facility in the area, with competent staff and adequate equipment. Quarters for such a facility would be provided by the GOL.

Availability of Trainees

The National Public Health Service budget for 1968 provides funding for a total of 565 nurses and midwives.

The trainees selected from among these for training in Monrovia will be the best qualified in each county and each health facility. The remaining personnel will be included in the training classes organized and taught by the returning Monrovia graduates. The table below shows the location of nurses and midwives listed in the National Public Health Service budget for 1968.

Nurse and Midwife Personnel \*  
(NPHS - 1968 Budget)

<u>Institution</u>	<u>Location</u>	<u>Nurses</u>	<u>Midwives</u>
Central Office	Monrovia	50	
Liberian Government Hospital	Monrovia	101	
Eye Clinic	Monrovia	16	
Maternity Center Hospital	Monrovia	73	26
Maternal and Child Health	Monrovia	13	3
National Quarantine Service	Monrovia	2	
Tuberculosis Hospital	Congotown	48	
Montserrat Clinics	Montserrat County	25	1
Catherine Mills Rehabilitation Center	Paynesville	27	
Careysburg Clinic	Careysburg	1	2
St. Timothy's Hospital	Robertspoint	17	
Liberian Government Hospital	Fushanan	14	2
F.J. Grant Memorial Hospital	Greenville	13	6
J.J. Dessen Hospital	Harpor	57	3
Tellewoyan Hospital	Voinsama	15	4

MONROVIA	TOAID A-660	UNCLASSIFIED	10	18
G.W. Harley Hospital		Sanniquellie	17	2
Martha Tubman Memorial Hospital		Tehien	3	6
C.B. Dunbar Memorial Hospital		Gbarnga	15	3
Total			<u>507</u>	<u>58</u>

\*Includes all categories, from empirical to professional.

Nurse and Midwife Personnel By Counties  
(NPIS - 1968 Budget)

Counties -

1. Nassa - (Buchanan)  
Nurses - 14 - Mdws - 2
2. Pong - (Gbarnga)  
Nurses - 15 - Mdws - 3
3. Cape Mount (Robertsport)  
Nurses - 17 - Mdws - 0
4. Grand Godeh (Tehien)  
Nurses - 3 - Mdws - 6
5. Loffa - (Voinjama)  
Nurses - 15 - Mdws - 4
6. Maryland - (Harper)  
Nurses - 57 - Mdws - 3
7. Montserrado - (Monrovia) ~~and~~  
Nurses - 356 - Mdws - 32
8. Nimba - (Sanniquellie)  
Nurses - 17 - Mdws - 2
9. Since - (Greenville)  
Nurses - 13 - Mdws - 6

In addition to the personnel employed by the NPIS, as shown above, there are also in Liberia four Missionary and ten Concession hospitals employing Liberian nurses and midwives.

A Medical Facilities Survey made in 1963, and recently up-dated, lists the hospitals and personnel for missionary and concession hospitals as shown in the table below.

<u>Name</u>	<u>Location</u>	<u>Nurses</u>	<u>Midwives</u>
<u>Concessions:</u>			
Firestone	Harbel, Montserrado Co.	105	2
LMC	Poni Hills, Pong Co.	9	3
Firestone	Cavalla, Maryland Co.	60	0
Lunco	Nimba, Nimba Co.	3	2
Goodrich	Kley, Loffa Co.	2	1
MFAL	Mano River, Cape Mount Co.		2
Pong Mines	Pong County		2

UNCLASSIFIED

Lanco	Richardson, Bassa Co.	4	2
AFC	Since County	3	2

Missionary:

Phobe	Zorsor, Loffa Co.	29	5
St. Joseph's	Bolaham, Loffa Co.	3	2
Ganta Mission	Ganta, Nimba Co.	2	2
Catholic Hospital	Monrovia, Mt. Montserrado Co.	8	3

To guide training programs at TNIMA for preparation of future health workers and to facilitate recruitment for the National Medical Center, the NMC Project team is in the process of conducting a health manpower survey. Stage I, gathering data from training school and agency reports, has been completed, and the number of nurses and midwives, in two categories each, are shown in the table below.

Nurse and Midwife Personnel in Liberia  
(Liberian Health Manpower Survey)

Registered Nurses	- - - - -	430
Practical Nurses	- - - - -	62
		<u>Total - 492</u>
Nurse - Midwives	- - - - -	20
Trained Midwives	- - - - -	156
		<u>Total - 176</u>

Selection of Trainees

The selection of trainee personnel for training at TNIMA in Monrovia will be made on the basis of professional qualifications, demonstrated abilities and performance and on the job experience in the fields of maternal child health and public health nursing. The Director of the Division of Maternal-Child Health, NPHS, in collaboration with the PASA PH Nurse and the ~~REB~~ TNIMA faculty, will approve all nominations for in-service training. The timing of trainees' attendance at training courses must be coordinated, in each case, with the relevant hospital or health center work schedule, utilizing those periods when the selected personnel can best be spared from their respective jobs.

The geographical selection of in-service trainees might well follow the pattern of population distribution in Liberia. Applying the percentage of total population for each county to the approximate total number of trainees proposed for the project, we arrive at some guideline figures, for a more or less equitable distribution of trainees, based on county population as follows:

Population and Trainee Distribution by Counties

County	Population (1962 Census)	% of Total Population	Trainees * 5yr. period
1. Bassa	131,810	13.0	26
2. Bong	131,538	13.0	26
3. Cape Mount	32,190	3.2	7
4. Godeh	59,275	5.8	12
5. Loffa	123,165	12.1	24
6. Maryland	62,786	6.2	13
7. Montserrado	258,821	25.4	49
8. Nimba	160,743	15.8	32
9. Sinoe	56,095	5.5	11

\* Those trained in Monrovia.

In accordance with the emphasis being placed on maternal-child health and family planning services, TNIMA plans to integrate courses in family planning into its student training programs in nursing and midwifery. One or more ~~may~~ several methods may be used:

- (1) A separate semester course for graduating seniors, which could meet once or twice a week.
- (2) A short, intensive "rotation" through which all students must pass with duty service in the Family Planning Clinics of the area.
- (3) A supplementary short "vacation" course at the end of the semester, which would meet daily for one week.

With all nurses and midwives graduating in the ~~next~~ future from TNIMA receiving improved and expanded training in maternal-child health and family planning services, this project should be able to accomplish its objectives by the end of the proposed five year span.

The arrival of the PASA PH Nurse should be planned for early in the first quarter of FY 69 when, in cooperation with the faculty of TNIMA and the Division of Maternal-Child Health, the training courses will be finalized, trainees selected and classes begun early in the third quarter of the fiscal year. The second PASA technician, the nurse-midwife, planned for early arrival in FY 1970, will assist with the implementation of the "up-country" training courses to be conducted by the Monrovia in-service training course graduates. She will provide expert ~~mix~~ direction and supervision for these training activities and will assist in the evaluation of the program.

The projected budget includes short and long-term US and third country training for paramedical personnel serving in supervisory capacities in the Central Office, the hospitals, and some of the larger health centers. ~~But~~ US training will be provided for one or more physicians in the field of fertility, since this is one of the important aspects of a well-rounded family planning program. Long-term US training for one participant will be in the field of biostatistics; a post graduate degree, if possible.

The commodity component includes funding for: (1) vehicle for one PASA technician, (2) equipment and supplies for the demonstration MCH-FP clinics in Monrovia and each of the nine counties, (3) teaching and training equipment for use at TWIMA and for the teaching of classes "up-country," (4) audio-visual equipment and supplies for use with both professional and lay groups, (5) nurse and midwife bags and supplies for those completing in-service training, and (6) family planning supplies.

Other or local costs ~~in~~ ~~local~~ ~~costs~~ include: (1) travel to and from Monrovia for trainees, and subsistence or per diem during the period of training in Monrovia; and (2) honorariums for instructors, part-time faculty participants and clinicians for MCH and family planning clinic sessions.

#### GOL Contribution

The Government of Liberia will make cash and "in kind" contributions for each of their budget (calendar) years, except that for CY 1968 no funds will be available for a cash contribution, since no budget request was made for this proposed project in time for the 1968 budget.

Starting with CY 1969 the GOL will provide gasoline, oil and maintenance for the vehicle at the following rates:

Gasoline and oil	\$800/vehicle/year
Maintenance	\$300/vehicle/year

The GOL will maintain both trainees and participants on full salary during their periods of training at an average rate of \$100/month/trainee or participant. For project administration and direction, and for teaching and training, the GOL will provide the services of the Director and ~~Six~~ Staff of the Maternal-Child Health Division, and the faculty of the TWIMA. Such physical facilities as classrooms, offices and library will be made available for the in-service training program. Office space will also be provided for the three PASA technicians.

<u>Cooperating Country Cash Contribution</u>		(\$000)
Gasoline and oil (4 vehicle/year @ \$800) =		\$ 3.2
Maintenance (4 vehicle/year @ 300) =		\$ 1.2
	Total	<u>4.4</u>

Other (Local) Costs:

<u>Fiscal Year</u>	<u>Total (\$000)</u>	<u>% GOL Participation</u>	<u>GOL Cont. (\$000)</u>
1969	12	0	0
1970	10	25	\$2.5
1971	12	50	\$6.0
1972	12	75	\$9.0
1973	12	100	\$12.0
		Total	<u>\$29.5</u>
		Grand Total	<u>\$33.9</u>

	FY 69	FY 70	FY 71	FY 72	FY 73
<b>PASA</b>	1-PH Nurse 1-Statistician	1-PH Nurse 1-Statistician	1-PH Nurse 1-Statistician	1-PH Nurse 1-Statistician	1-Statistician
		1-Supervisor Evaluator (Nurse-Mdw)	1-Supervisor (Nurse-Mdw)	1-Supervisor (Nurse-Mdw)	1-Supervisor (Nurse-Mdw)
<b>Participants U.S. and/or 3rd Con</b>	4-Short Term	1-Short Term  2-Long Term	2-Short Term  2-Long Term	2-Short Term  1-Long Term	None  None
<b>Commodities</b>	1-Vehicle Clinic Equip Training Equip A-V Equip & Sup- plies Nurse & Mdw Supplies FP Supp- lies	A-V Supplies Nurse & Midwife Supplies FP Sup- plies	Equip & Supplies Clinics and Tng. Centers FP Supplies N. & Mdw Supplies	Clinic & Tng. Equip & Sup. N. & Mdw Equip & Supplies FP Supplies	FP Supplies A-V Equip and Supplies Nurse and Mdw Supp- lies
<b>Other Costs</b>	Travel (Local) Student per diem Honorarium Clinicians	Same Same Same Same	Same Same Same Same	<del>Same</del> Same Same Same	Same Same Same Same

UNCLASSIFIED

MONROVIA ROAD A-660

UNCLASSIFIED

NONCAPITAL PROJECT FUNDING

Attachment F

16 Country: Liberia Project Title: NCM-EP In-Service Training Project No 669-11-520-110

Item	FY 69	FY 70	FY 71	FY 72	FY 73	Total
PASA	48	74	74	74	50	320
Support Costs	6	9	9	9	6	39
Participants	(4-ST) 12	(1-ST, 2-LT) 15	(2-ST 2-LT) 18	(2-ST 1-LT) 12	-	57
Commodities	45	25	10	10	10	100
Other Costs	12	8	6	3	0	29
Logistic Support	22	34	34	34	22	146
<u>Totals</u>	145	165	151	142	88	691

UNCLASSIFIED

UNCLASSIFIED

MC/RCVIA  
TOA ID A-660

MC/RCVIA

PROP DATE  
Original 3/15/68

NONCAPITAL PROJECT FUNDING (OBLIGATIONS IN \$000)

Table I

Page 1 of 2

COUNTRY: LIBERIA

Project Title: MCHEP In-Service Training Project No. 669-11-500-110

Fiscal Years	AP	L/G	Total Cont	Personnel Serv.		Participants		Commodities		Other Cost	
				AID	PASA (Incl. Log & Sup. Co- sts	Cont	U.S Agencies	Cont	Dir U.S Ag	Cont	Dir: U.S Ag

Prior  
Through -  
Act. FY \_\_\_\_\_

Oper.  
FY 1969

TC G 145

48

12

45

12

Budg.  
FY 1970

TC G 165

74

15

25

8

B + 1  
FY 1971

TC G 151

74

18

10

6

B + 2  
FY 1972

TC G 142

74

12

10

3

B + 3  
FY 1973

TC G 88

50

-

10

0

Total  
Life

691

320

57

100

29

UNCLASSIFIED

TOAID A-660

NEIROVIA

UNCLASSIFIED

18

17

18 18

Table I  
Page 2 of 2

Project No. 6692 - 11-55-110  
580  
222

Fiscal Years	AID-Controlled Local Currency		Other Cash Contribution Cooperating Country	Other Donor Funds (\$Equiv.)	Food for Freedom Commodities		
	U.S. Owned	Country-Owned			Metric Tons (000)	CCC Value of Freight (\$000)	World Market Price (\$000)
Prior through Act. FY -							
Oper. FY 1969			0				
Funds FY 1970			3.6				
B + 1 FY 1971			7.1				
B + 2 FY 1972			10.1				
B + 3 FY 1973			13.1				
Total life			33.9				

Many Maternal-Child Health Clinics currently receive Title II food assistance, administered by CARE. However, this is an ongoing program and no particular increase is expected to result from the project; therefore, food aid is not shown as part of project cost.

UNCLASSIFIED

TOAID A-660

MCHRWYA

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT (A.I.D.)

*Pr*  
*P*  
**A.I.D.**  
*Reference Center*  
 Room 1606 NS

PROJECT AUTHORIZATION

1. PROJECT NUMBER 669-11-540-110	3. COUNTRY Liberia	4. AUTHORIZATION NUMBER 0072
2. PROJECT TITLE Maternal-Child Health Training		5. AUTHORIZATION DATE June 3, 1970
7. LIFE OF PROJECT		6. PROP DATED May 1968

a. Number of Years of Funding: 5  
 Starting FY 1969; Terminal FY 1973

b. Estimated Duration of Physical Work  
 After Last Year of Funding (in Months): -

FUNDING BY FISCAL YEAR (in U.S. \$ or \$ equivalent)	DOLLARS (\$000)		P.L. 480 CCC + FREIGHT	LOCAL CURRENCY Exchange Rate: \$1 = \$1			
	GRANT	LOAN		U.S. OWNED		HOST COUNTRY	
				GRANT	LOAN	JOINTLY PROGRAMMED	OTHER
Prior through Actual FY 69	95						
Operational FY 70	100						4
Budget FY 71	99						7
B + 1 FY 72	94						10
B + 2 FY 73	94						13
B + 3 FY							
All Subsequent FY's							
<b>TOTAL</b>	<b>482</b>						<b>34</b>

9. DESCRIBE SPECIAL FUNDING CONDITIONS OR RECOMMENDATIONS FOR IMPLEMENTATION, AND LIST KINDS AND QUANTITIES OF ANY P.L. 480 COMMODITIES

10. CONDITIONS OF APPROVAL OF PROJECT

Certain non-substantive changes have been made in the PROP by AID/W without reference to the Mission because the delay in approval (occasional by a misunderstanding of the approval status) necessitated updating.

(Use continuation sheet if necessary)

11. Approved in substance for the life of the project as described in the PROP, subject to the conditions cited in Block 10 above, and the availability of funds. Detailed planning with cooperating country and drafting of implementation documents is authorized.

This authorization is contingent upon timely completion of the self-help and other conditions listed in the PROP or attached thereto.

This authorization will be reviewed at such time as the objectives, scope and nature of the project and/or the magnitudes and scheduling of any inputs or outputs deviate so significantly from the project as originally authorized as to warrant submission of a new or revised PROP.

A.I.D. APPROVAL	CLEARANCES	DATE
Samuel C. <i>[Signature]</i> SIGNATURE AA/AFR Assistant Administrator <u>6/3/70</u> DATE	AFR/CWA: SChristmas <i>[Signature]</i>	5/14/70
	AFR/DP: DShear <i>[Signature]</i>	
	AFR/MGT: FHahne <i>[Signature]</i>	5/18/70
	DAA/AFR: PBirnbaum	
	A/CONT	