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PD-AAD-128-1B1

MAY 31 4 15 PM '74

EXECUTIVE SECRETARIAT

MAY 3 1974

ACTION MEMORANDUM FOR THE ADMINISTRATOR

THRU: EXSEC

FROM: AA/PPC, *Philip Birnbaum*

23p

SUBJECT: Population/Family Planning Project for Bangladesh

PROBLEM: Because this grant project proposal is greater than \$2.0 million, your signature is required on the attached project authorization.

DISCUSSION: The Bangladesh Government (BDG), in its First Five Year Plan (1974-1978), has established primary objectives to increase agricultural production in order to attain self-sufficiency in food; to stimulate employment through the undertaking of various enterprises; and to improve the quality of life through extension of family planning and health services.

A major portion of the Five Year Plan Budget is earmarked for the development of the rural agricultural sector and the rural family planning/health services, which focus on areas composed largely of poor people. This is in line with AID's effort to concentrate on reaching large numbers of poor people.

The objective of this project is to provide contraceptive supplies to the national integrated family planning and health program of the Bangladesh Government, and to help institutionalize delivery of family planning services on a national basis. This program extends services to the rural areas for the great majority of BDG population and places family planning services in the context of preventive health and maternal and child health services, which meets Congressional intent. The cost of this proposed population/family

planning grant to BDG includes \$38,000 to be expended at the Mission level for procurement of IUDs, and \$7,750,000 for the purchase of orals and condoms which is handled by AID/W. Bangladesh's contribution to this project is estimated at \$6,300,000 (equivalent) and when compared to total project cost of about \$16 million, the host country contribution is 39 percent of the total, which satisfies the 25 percent host country contribution required under the FAA. (Details of the budget for this project are illustrated on pages 7-8 of the attached Noncapital Project Paper - PROP.)

The contraceptive supplies to be granted under this project are a continuation of U.S. commodity support begun in FY 1973 as an interim measure to meet an immediate need. (FY 1973 support was not covered by a PROP. At that time, the BDG was concentrating its efforts on flood reconstruction and had not yet given its own approval to the population programs to be covered under its first five year plan. The FY 1973 USG contributions in this field were covered by a project agreement, which was signed by both governments on May 11, 1973.) In FY 1974 the USAID programs in Bangladesh began moving from a relief and rehabilitation operation to the beginning stage of an economic development support operation. The BDG integrated program is expected to produce new information on the effectiveness of using nonmedical personnel for screening oral contraceptive candidates for dispensing oral pills.

In addition, the following criteria were used in appraising this project:

- (a) Institutional framework. This project will help the Bangladesh Government to reinforce the existing national integrated family planning and health infrastructure to operate as a viable functional institution. USAID will assist Bangladesh with contraceptive supplies and other donors, such as UNFPA, will complement this project through manpower training, logistic support and related institutional support. (See PROP Project/Other Donor inputs, page 8.)

- (b) Feasibility of project success. The project outputs have been carefully reviewed and are considered to be feasible for the period of time considered. (See PROP, page 5). The conditions at the end of the project are also considered as reasonable and attainable as a result of the project inputs. (See PROP, page 4).
- (c) Technical soundness. IUDs, condoms, and particularly orals for reducing fertility are among the best of available contraceptives today. The choice by Bangladesh to distribute contraceptives through field workers, lady family planning visitors, and MCH/FP facilities is practical and sound; we know of no reason why it cannot be made to work. (See PROP, pages 10-11).

The grant has been reviewed and cleared by all AID offices concerned.

RECOMMENDATION: In order to keep the program moving in a country that is considered top priority by AID/W for population/family planning action, it is recommended that you sign the attached Noncapital Project Paper (PROP) under IV., Project Authorization.

Attachment: Noncapital Project Paper (PROP)

PHA/POP:MC<sup>ln</sup>arnik:cc:5/31/74

Clearances:

AA/PHA:JAKieffer JK Date 5/31/74  
 GC:AZGardiner AG Date 5/31/74

I. PROJECT IDENTIFICATION

1. PROJECT TITLE: **Population/Family Planning**

2. RECIPIENT (specify):  
 COUNTRY: **Bangladesh**  
 REGIONAL: \_\_\_\_\_  INTERNATIONAL: \_\_\_\_\_

3. LIFE OF PROJECT:  
 BEGINS FY: **73**  
 ENDS FY: **74**

APPENDIX ATTACHED:  
 YES  NO

7. PROJECT NO. (AID 1025-1)  
**388-11-500-001**

8. SUBMISSION DATE: **4-25-74**  
 ORIGINAL  REV. NO. \_\_\_\_\_ DATE \_\_\_\_\_

CONTR. PASA NO. \_\_\_\_\_

II. FUNDING (\$USD) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA CONTR.		H. LOCAL EXCHANGE RATE (U.S. \$/U.S. OWNED)		
		III \$	IV MM	V \$	VI MM			I \$	II MM	1 U.S. GRANT	2 U.S. LOAN	3 COUNTRY JOINT PROJECT
1. FUNDING	1,013					1,013						
2. OPENING FY	7,750*					7,750						6,300 (equivalent)
3. BUDGET FY												
4. BUDGET 11 FY												
5. BUDGET 12 FY												
6. BUDGET 13 FY												
7. ALL SUBD. FY												
8. GRAND TOTAL	9,731					9,731						6,300

9. OTHER DONOR CONTRIBUTIONS

1. NAME OF DONOR	2. KIND OF GOODS SERVICES	3. AMOUNT

III. ORIGINALING OFFICE CLEARANCE

1. OFFICE: <b>USAID/BD/H/POP, M. Jordan/DVoran</b>	TITLE: <b>Population Officers, USAID/BD</b>	DATE: <b>25 April 74</b>
2. CLEARANCE OFFICER: <b>USAID/BD, A. Schindler</b>	TITLE: <b>Coordinator, USAID/BD</b>	DATE: <b>26 April 74</b>

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

\* Of this amount, \$7,750,000 will be provided from AID/W administered Title X funds for procurement of orals and condoms. The remaining \$38,000 will be for purchase of IUDs. The anticipated host country contribution of about \$6.3 million will be confirmed in the project agreement.

2. APPROVALS

1. OFFICE	SIGNATURE	DATE	1. OFFICE	SIGNATURE	DATE
PHA/POP/WA	R.Y. Grant	5/25/74	GC	A. Gardiner	5-31-74
PHA/POP	J.K. Shafer	5/28/74	AA/PPC	P. Birnbaum	5-31-74
PHA/POP	R.T. Ravenholt	5/28/74	ASIA/SA	R. Beckman	
PPG/DPRE	F. Kimball	5/31/74	GC/TFHA	A. Richstein	
PHA/PRS	M. Fowler	5/31/74			

3. APPROVAL BY OFFICE CHIEF: **Jarold Kieffer** DATE: **5/31/74**

4. APPROVAL BY AID/S & MGR OFFICE: **John E. Murphy** DATE: **5/31/74**  
 Deputy Administrator

Project: Population/Family Planning (Bangladesh) FY 1974

I. Program Goal

A. Goal Statement

The goal of this program, as stated in the SDG First Five Year Plan, is to slow population growth in Bangladesh by reducing fertility rates to replacement level with low birth and death rates in thirty years, or as soon thereafter as possible.

B. Measurement of Goal Achievement

The achievement of this goal will be measured by population enumerations, crude birth rates, and crude death rates, as revealed by decennial censuses and intercensal sample surveys. Baseline data will be established by the Bangladesh Census of 1974 and the World Fertility Survey study planned for 1974. Gross census data will be available in May 1974 and age/sex data should be available within six months. Retrospective mortality and fertility survey data as a part of the post-census quality check should be available in rough form in FY 75.

C. Basic Assumptions

1. The commitment by the Bangladesh Government of will and resources will be sustained and intensified over the extended period of time required.

2. There will be adequate and timely support by the Bangladesh Government and donors of the various essential program components: organization, administration, staff, training, data management,

evaluation, research, logistics, public education and motivation, and technical assistance as needed.

3. Social and economic conditions will be conducive to a general and effective acceptance of small families as the desired norm.

## II. Intermediate Program Goal

### A. Statement of Intermediate Goal

The first of several intermediate goals is to achieve the First Five Year Plan (July 1974-June 1978) target of lowering the annual population growth rate from an estimated 3 percent to 2.8 percent.

### B. Measurement of Intermediate Goal Achievement

Achievement of the intermediate target can be measured by crude birth and death rates (the CBR would need to decline from the presently estimated 47 to 43/1000, in light of the expected CR decline from 17 to 15/1000). Inferences about progress can be made from analyses of data on prevalence of contraceptive use, by method, and on user characteristics. Sources of these data are expected to be sample surveys, regular performance reports from the field, and evaluation studies. If the newly assigned task of vital event recording by the field workers (Family Welfare Worker--FWWs) yields reasonably reliable data, these would provide another means of measurement of progress towards goal achievement.

### C. Basic Assumptions

Same as I.C.

III. FY 1974 Project Purpose

A. Statement of Purpose

The purpose of this project is to help the Government of Bangladesh to make available basic contraceptives to as many eligible couples as possible and to institutionalize family planning delivery services on a national basis.

B. Conditions at End of Project

1. Eligible couples will have contraceptives supplies available, e.g., condoms, orals, and IUDs

BDG targets:

(These targets are based on preliminary estimates of differential preferences among birth control methods and on use levels necessary to reach the Five Year Plan fertility reduction target.)

	<u>BDG FY 74-75</u>		<u>BDG FY 75-76</u>	
	<u>Amounts</u>	<u>Users</u>	<u>Amounts</u>	<u>Users</u>
		<u>(000)</u>		<u>(000)</u>
Condoms (000 gross)	575	800	630	870
Oral pills (million monthly cycles)	9.4	720	11	860
IUDs (000)	74	74	112	112

2. A functional institution will be in operation and capable of delivering family planning services through field workers, lady family planning visitors, and MCH/FP facilities.

3. The population growth rate will be reduced from 3 percent to 2.8 percent over a five year plan period.

C. Basic Assumptions

1. Bengali couples will be willing to adopt contraception at approximately the demand levels which have been projected by the BDG (which USAID considers improbably high) and will be able to use contraceptives effectively.

2. The Ministry of Health and Family Planning logistics system will be operating with reasonable efficiency, including distribution from district to thana to field workers. The UNFPA/UNICEF will support the further development of the supply distribution system, as per agreement between the UNFPA and the BDG.

3. Program personnel will be trained and in place.

IV. Project Outputs

A. Outputs

1. Contraceptive and related supplies are deployed throughout the country and are accessible to program personnel when needed.

2. Contraceptives supplies will be within reach to a potential of 10% of eligible couples on a continuing basis.

3. About 12,000 field workers will be in place to distribute nonclinical contraceptives during home visits. (The Ministry of Health and Family Planning plans a phased recruitment and training of 8,000 additional FFWs during the plan period, beginning in 1974-75. The UNFPA is expected to provide assistance in the training and employment of 1800; the BDG is seeking similar donor support for an additional 3700. Although UNFPA is placing heavy emphasis on training of personnel who will distribute

contraceptives, it does not plan to provide any contraceptive supplies. UNFPA is depending on USAID to provide the needed contraceptives in BDG.)

4. About 500 Lady Family Planning Visitors will be available to insert IUDs. (This paramedical category is to be expanded by about 1500 during the plan period and redesignated Family Health Visitors. UNFPA is planning to give training and salary support.)

5. The AID/W objective of having one year's contraceptive supply in country and one year's requirement in the pipeline will be functioning on the basis of the below listed quantity estimates:

<u>Item</u>	<u>Estimated supply</u>	<u>Estimated pipeline</u>
Condoms (gross)	600,000	600,000
Orals (monthly cycles)	19 million	21 million
Intrauterine Contraceptive Devices (IUDs)	100,000	110,000
IUD Inserters	10,000	11,000

B. Magnitude of Outputs

Quantities of supplies available to field and clinic personnel are the same as quantities of inputs (Para V.).

Local availability of supplies will be verified from Ministry of Health and Family Planning reports of transshipments of U.S.- supplied commodities to the nineteen districts, and by spot checks in the field.

C. Basic Assumptions

1. An adequate logistics system can be in operation, including port clearing, storage, and transshipment capabilities, and can handle this

magnitude and variety of supplies (assisted by UNFPA/UNICEF).

2. The BDC has the capability to determine the differential requirements of the districts.

3. Supplies will have arrived at port on time.

V. Project Inputs

A. U.S. Inputs

Commodities:

<u>Type</u>	<u>Quantity</u>	<u>Est. Cost (\$000)</u>	<u>ETA in country</u>
a. Condoms	600,000 gross	\$3,000 (central funds)	Oct. '74 to Mar '75
b. Oral Contraceptive Pills	19 million monthly cycles	\$4,750. (central funds)	2.5 m by Dec '74; 1.7 m by Apr '75; 12 m between Sept '75 & Apr '76.
c. Intrauterine Contraceptive Devices (IUDs) (L.Loops)	100,000 ea. ) ) ) ) )	\$38. (bilateral funds)	Dec '74
d. IUD Inserters	10,000 ea )		

B. Host Country Inputs

The following amounts are estimated for the Family Planning budget. The personnel and operating costs will make a direct contribution to the distribution of contraceptives and delivery of family planning services. (Health budget not included.)

	73-74 (\$000)	74-75 (\$000)
Personnel (over)	\$3,900.	\$5,700.
Operating and General Expenses	2,000.	3,300.
Land Acquisition and New Construction	100.	1,200.
	\$6,300.	\$10,200.

(@ Tk 7-7/\$1 - Floating rate)

- NOTES:
1. Personnel costs include base salaries, provision for implementation of new pay scales and a new contributory provident fund, and allowances. Most of the increase in FY74-75 (83.3%) is accounted for by: a) staffing of four new regional training centers; b) staffing of 17 new district training units (responsible for P.M. training); c) recruitment of 1800 new PWGs; and d) staffing of 247 new subcenters.
  2. The portion of the above local costs to be financed by donors cannot be determined from the information available. Imported equipment and supplies from donors are not included in the above figures.

### C. Other Donor Inputs

No other donor is presently contributing contraceptive supplies to this project. However, there is significant donor activity and interest in the area of training, data management, action research, evaluation, management, health infrastructure, population education, and motivation. Other donors contemplating support include: UNFPA, Ford Foundation, Population Council, Swedish International Development Authority, United Kingdom Overseas Development Agency, the Government of Norway, and the International Bank for Reconstruction and Development. See annex for a fuller discussion on each donor's plans, plus other Mission and AID/W activities that give added support to the population/family planning program.

### D. Assumptions About Management of Inputs

Previously mentioned assumptions concerning the logistics system (III.C.2. and IV.C.1.) apply here as well.

## VI. Rationale

With a population estimated at 76 million in a relatively small land area (nearly the size of Wisconsin), Bangladesh is one of the most densely populated countries in the world. Present density is 13-1400/mi<sup>2</sup>. Many rural areas already have over 2000 persons per square mile.

The annual population growth rate, is estimated to be three percent. There are nearly 15 million fertile couples. About 65 percent of women of child-bearing age are below 30. They contribute an estimated 82 percent of all births.

Some of the basic facts about the Bangladesh setting argue against any expectation of a quick, easy solution to the problem of excessive population growth:

- Forty-five percent of the population are under 15.
- There is near-universal marriage at an early age.
- High social value is placed on having large families. Economic conditions and social custom feed the strong desire to have surviving sons.
- Infant and child mortality rates are high. In the early 1960s, about 16 percent of live-born children died in their first year, 25 percent before their fifth birthday.
- Over 90 percent of the population are rural; about 85 percent are engaged in agriculture, of whom about one-third are landless.
- About 80 percent of the above-five population are illiterate.
- There is little penetration of any mass communication medium into rural areas.

(All figures above are estimates.)

The BPG seems to be well aware that social and economic development are dependant on success in rapid slowing of population growth. But on a more basic level, many are also aware that this task has already become a struggle for survival--a race to slow the growth through fertility decline rather than through an inexorable increase in death rates. The population is expected to double in 23 years. The prospect of its trebling shortly

after the turn of the century is "simply frightful to visualize," in the language of the First Five Year Plan. The urgency of the situation compels the BDC, A.I.D., and other donors to place high priority on the population and family planning "sector".

The BDC family planning program is a radical departure from the former East Pakistan program. Family planning services are now integrated with health services. Part-time, low-level field workers have been replaced by full-time, better-educated basic health workers called Family Welfare Workers (FWWs). Oral contraceptive pills have been introduced into the program on a mass scale, and the nonmedical FWWs are authorized to screen potential users and dispense pills.

The two decisions for integration and distribution of orals became final in late 1973. The initial brief training of some 12,000 FWWs took place in November and December 1973, funded by A.I.D. under the Health Sub-Project of the Relief and Rehabilitation Grant. As of April 1974, the integrated program is still in the early shakedown period and contraceptive uptake levels and demand trends have not yet been established. The BDC's assessment of program needs and coordination of multiple-donor inputs have been in progress since late 1973. Some of the key population institutions projected in the First Five Year Plan have not yet been established (i.e., the Population Planning Division, whose tasks will include external evaluation of the Integrated Health and Family Planning Program and supervision and coordination of the population-related programs of nonhealth ministries; and

the Population Study Center of the Bangladesh Institute of Development Studies, to be charged with population growth research and policy and multisector program recommendations).

Because the program is in its infancy and some fundamental aspects of it have not yet taken shape, this PROP is for a single year, FY1974 and is viewed as an interim PROP. It represents A.I.D.'s favorable response to the BDG's second request to A.I.D. for an early and obvious requirement of the program--contraceptive supplies. It is a logical follow-on to A.I.D.'s FY1973 provision of contraceptives and fertility control equipment. Beyond FY74, continuing A.I.D. support for an indefinite period is anticipated. Future population assistance will most probably be broader in scope to encompass other aspects of the population/family planning program as well as other sectors related to the social and economic determinants of desired family size. USAID expects to develop a long-term PROP by approximately the end of October 1974.

VII. Course of Action

FY73 A.I.D.-supplied commodities, together with in-country stocks supplied by other donors in prior years, are expected to be adequate to meet program needs until A.I.D. FY74 commodities arrive. The FY73 project included:

- |                                  |                         |  |
|----------------------------------|-------------------------|--|
| a. Oral Contra-<br>ceptive Pills | 3 million<br>no. cycles | Began arriving early<br>April 74 with shipment<br>of 630,000 MCs.        |
| b. EMKO Contraceptive<br>Foam    | 300,000<br>containers   | Began arriving early<br>April 74 with shipment<br>of 101,088 containers. |

c. Condoms	250,000 gross.	Being shipped in seven lots between Dec 73 and May 74.
d. IUDs (Lippes Loops)	100,000 ea	Arrived Mar. 74.
IUD Inseters	10,000 ea	
e. Bicycles (for F/Ws)	2000 ea	To be shipped in monthly lots 500 ea from Mar 74.
f. Vacuum Aspirators and Accessories	40 ea.	To arrive during CY74.
g. Vasectomy Kits	473 ea.	
h. IUD Kits	200 ea.	
i. Vacuum Aspirator Kits (non-electric) and Accessories	300 ea.	

The arrival schedule for FY74 commodities is noted in V.A., above.

From FY 1974 to 1975  
 Total U.S. Funding: \$4,750,000  
 Date Prepared: 10/27/73  
 \$35,000 bilateral, \$7,750,000 central

NARRATIVE SUMMARY	OBJECTIVELY MEASURABLE INDICATORS	METHOD OF MEASUREMENT	IMPOUNDMENT ASSUMPTIONS																								
<p>Program of Sector Goal: The broader objective to which this project contributes: Reduce fertility rates to replacement level in 30 years as a necessary condition for social and economic development.</p> <p>Five-Year (1/2 Year Plan)</p> <p>Program Goal: Achieves first five-year Plan (1974-78) target of lowering population growth rate from 3% to 2.6%.</p>	<p>Measures of Goal Achievement:</p> <p>Population enumeration.</p> <p>Gross Birth Rates. (GBR).</p> <p>Gross Death Rates. (GDR).</p> <p>Infant Mortality Goal:</p> <p>Current GBR and GDR</p> <table border="1" data-bbox="694 556 1098 658"> <tr> <td>GBR</td> <td>47</td> <td>46</td> <td>45</td> <td>44</td> <td>43</td> </tr> <tr> <td>GDR</td> <td>17.0</td> <td>16.5</td> <td>16.0</td> <td>15.5</td> <td>15.0</td> </tr> <tr> <td>RNI</td> <td>3.00</td> <td>2.95</td> <td>2.90</td> <td>2.85</td> <td>2.80</td> </tr> <tr> <td>FDP</td> <td>76.2</td> <td>73.5</td> <td>70.9</td> <td>68.3</td> <td>65.7</td> </tr> </table>	GBR	47	46	45	44	43	GDR	17.0	16.5	16.0	15.5	15.0	RNI	3.00	2.95	2.90	2.85	2.80	FDP	76.2	73.5	70.9	68.3	65.7	<p>Secondary censuses.</p> <p>Intercensal sample surveys.</p> <p>(1974 Census and World Fertility Survey study will establish baseline.)</p> <p>Female sex:</p> <p>1. Coverage.</p> <p>2. Rate of return and continuation rates, quality, and of user characteristics.</p> <p>3. Identification.</p> <p>4. Registration data.</p>	<p>Assumptions for achieving goal targets:</p> <p>• Sustained and intensified commitment of will and resources by BDG.</p> <p>• Adequate support by BDG and donors of essential program elements: staff, training, organization, administration, data management, evaluation, research, logistics, public education-motivation, and technical assistance, as needed.</p> <p>• Social and economic conditions conducive to general acceptance of a small family as the desired norm.</p>
GBR	47	46	45	44	43																						
GDR	17.0	16.5	16.0	15.5	15.0																						
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FDP	76.2	73.5	70.9	68.3	65.7																						
<p>Project Purpose: To help the Government of Bangladesh to make available basic contraceptives to as many eligible couples as possible and to institutionalize family planning services on a continuing basis.</p>	<p>Completion of 12,000 visits to eligible couples and 500 lady family planning visitors providing contraceptives.</p> <p>Visitors are instructed to provide 12,000 visits and 500 lady family planning visitors.</p> <table border="1" data-bbox="694 658 1098 909"> <tr> <td>Condoms (Gross)</td> <td>575</td> <td></td> <td></td> </tr> <tr> <td>Orals (million monthly cycles)</td> <td>9.4</td> <td></td> <td></td> </tr> <tr> <td>IUDs (500)</td> <td>74</td> <td></td> <td></td> </tr> </table>	Condoms (Gross)	575			Orals (million monthly cycles)	9.4			IUDs (500)	74			<p>Specific distribution targets to be achieved:</p> <table border="1" data-bbox="1129 658 1512 909"> <tr> <td></td> <td>1974</td> <td>1975</td> </tr> <tr> <td>Orals (million monthly cycles)</td> <td>11</td> <td>500</td> </tr> <tr> <td>IUDs (500)</td> <td>119</td> <td>119</td> </tr> </table>		1974	1975	Orals (million monthly cycles)	11	500	IUDs (500)	119	119	<p>Assumptions for achieving purpose:</p> <p>• Couples willing to adopt contraception at approx. the projected demand levels (which may be high) and agree to use effectively.</p> <p>• Adequate logistics system, including distribution from district to towns to field workers.</p> <p>• Personnel trained and in place.</p>			
Condoms (Gross)	575																										
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<p>Outputs:</p> <ol style="list-style-type: none"> <li>1. Contraceptives deployed throughout the country and accessible to program personnel at local level.</li> <li>2. Contraceptive supplies will be within reach of eligible couples.</li> <li>3. 12,000 field workers and 500 lady family planning visitors providing contraceptives.</li> <li>4. One year supply of orals, condoms, and IUDs in country and one year in pipeline.</li> </ol>	<p>Multiple of Outputs:</p> <p>Quantities and personnel as listed and above.</p>	<p>12 reports of distribution of contraceptives and commodities to 12 districts.</p> <p>Foot checks in field.</p>	<p>Assumptions for achieving outputs:</p> <p>• Adequate logistics system, including clearing port, storage, and transshipment (assisted by USAID/UNICEF).</p> <p>• Timely arrival of supplies in country.</p> <p>• BDG capability to determine supply requirements of districts.</p>																								
<p>Inputs: Commodities:</p> <ol style="list-style-type: none"> <li>a. Condoms (gross)</li> <li>b. Oral Contraceptive Pills (monthly cycles)</li> <li>c. Intrauterine Contraceptive Devices (IUDs) (ea)</li> </ol>	<p>1. Population Target (Type and Quantities)</p> <ol style="list-style-type: none"> <li>a. 600,000 IUDs from Oct. 74 to Mar. '75.</li> <li>b. 12 million condoms - 12,000 per month.</li> <li>c. 10,000 lady family planning visitors.</li> <li>d. 10,000 lady family planning visitors.</li> </ol> <p>BDG - 12,000 FFWs and 500 LFPVs in place.</p> <p>UNICEF Project a used a on</p>	<p>12 reports of receipt of inputs</p>	<p>Assumptions for providing inputs:</p> <p>• Availability of U.S. funds.</p>																								

DONOR SUPPORT

BANGLADESH INTEGRATED HEALTH AND FAMILY PLANNING PROGRAM

The A. I. D. contribution to the Bangladesh Government (BDG) Integrated Health and Family Planning Program in the FY 73 and FY 74 bilateral projects is aimed at providing contraceptive supplies and fertility control equipment in amounts adequate to meet the anticipated needs of a new, expanded and intensified program.

While this is an immediate and obvious need, it is only one of many interrelated aspects of the program. As indicated in our basic assumptions, whether or not these supplies help to achieve a reduction in fertility depends on competence and efficiency in such program areas as administration, training, supervision, logistics, data collection and utilization, research, policy formulation, education and motivation, and extension of services. It also depends on the majority of Bengalis' gaining a new perception of the advantages to them of much smaller completed families than they now consider desirable.

The BDG and the donors are still in the process of trying to coordinate their respective inputs in a complementary and mutually supporting manner for a comprehensive family planning program. Some of these inputs and

potential inputs are as follows:

A. I. D. (Not under Project Agreements):

USAID allocated Relief and Rehabilitation Grant funds for the initial training of 12,000 Family Welfare Workers, a BDG contract with The Johns Hopkins University to assist in the establishment of a planning and evaluation unit in the MOHFP, and the construction of up to 25 Rural Health Centers.

A. I. D. /W contracts and grants involving activities in Bangladesh include: (a) a projected three-year program for the commercial marketing of nonclinical contraceptives with Population Services International; (b) a projected Johns Hopkins University University Services Agreement for bio-social evaluation of various contraceptives under the prevailing health and cultural conditions of Bangladesh; (c) a Pathfinder Fund-assisted model family planning clinic in Dacca, which is expected to develop into a resource for medical training in advanced techniques of fertility control; (d) the short-term training of four Census Organization officers in census analysis; (e) a Family Planning International Assistance grant to Community Development Foundation for a pilot project to promote social acceptance of family planning and a small family norm through organized community leaders; and (f) IPPF assistance to the Bangladesh Family Planning Association program of family planning clinics, motivation in industrial settings, and public education.

USAID's development assistance planning is done with full consideration of the population/family planning ramifications and potentialities of actions in

various sectors, from the standpoint both of potential channels for education and motivation (e.g., in nonformal education and rural information projects) and of achieving broader participation in social and economic development and its accompanying modernizing influences (e.g., in employment generation, small farmer assistance, and nutrition education projects).

UNFPA (Subject to final approval by the UNDP Governing Council in June 1974. However, UNFPA is empowered to fund pre-project activities up to 40% of cost of program in advance of approval. )

(a) Assistance with processing of 1974 census data--technical assistance, fellowships, equipment and supplies (OTC).

(b) Assistance to the Bangladesh Academy for Rural Development in upgrading the population/family planning education content in the training of village cooperative members --technical assistance, rural training meetings, and equipment (ILO).

(c) Family planning motivation and services in industries and plantations--administrative support personnel, group meetings, audio-visual equipment, vehicles (ILO).

(d) Incorporation of population/family planning education into Industrial Relations Institute training courses--technical assistance, some personnel, equipment (ILO).

(e) Organization and management of a comprehensive health and family planning supplies and equipment delivery system, including transport and

maintenance--five technical advisors, a possible management firm subcontract, training, equipment (UNICEF).

(f) Family Planning Training Program:

- improve teaching institutions in family planning and maternal and child health;
- establish four new regional training-cum-research institutes;
- develop field practice areas;
- train 247 additional Lady Family Planning Visitors (LFPVs);
- retrain existing cadre of 300 Lady Health Visitors (LHVs) and 500 LFPVs;
- develop curriculum and train 1800 female FWWs;
- initiate 18-month training program for new Lady Health Visitors (new category which will also incorporate existing LFPVs and LHVs);
- develop field trainers for LHV training;
- develop in-service training programs; and
- develop system of training evaluation.

Nurse education advisor, salary support for new personnel and support staff in training institutions and clinics, equipment, rental (WHO).

(g) Population/family planning education in medical schools-- consultant, seminars and tours, equipment (WHO).

(h) Development of MCH-based family planning services in clinics and hospitals--two-year consultant, seminars and study tours, in-service training, equipment, rental costs (WHO).

The cost of the above projects is estimated at US\$5.2 million over three years (1974-77). The UNFPA is prepared to contribute up to \$10 million during the three-year period. Other proposals being developed by the BDG for consideration by UNFPA include establishment of Thana Rural Health Complexes and Unions Subcenters (including construction); Training, Research, Evaluation and Communication (TREC); population information, education and communication; and population education in schools.

Ford Foundation and Population Council have strong interest in the development of institutional capability in population studies, research, evaluation and education. The BDG has not yet resolved some of the organizational and policy issues which must precede development of final proposals and firm identification of possible donors.

Swedish International Development Authority (S. I. D. A.)

Approximately US\$500,000 has been allocated for commodities for the TREC communication and production units. Consideration of further possible support is held in abeyance for the time being. Areas of interest include long-term training, some construction, and areas involving emancipation of women.

United Kingdom Overseas Development Agency (ODA)

The ODA is undertaking a Retrospective Mortality and Fertility Survey in Bangladesh as a part of the post-census quality check. This will produce

baseline age-specific fertility and mortality rates. They are providing scholarships in demography and statistics. ODA is willing to consider other support, including filling identified gaps in other support or supplementing support which other donors cannot provide in full.

The Government of Norway is expecting to support health-oriented components of the integrated program in the period 1975-77 in the amount of approximately US\$5 million.

The International Bank for Reconstruction and Development (IBRD)

The BDG has prepared a rather comprehensive Population Project and has submitted it to IBRD. The plans were developed in discussion and consultation with several IBRD teams. Of the US\$32 million cost of the program, the IBRD is prepared to finance US\$15 million, the BDG is to supply US\$3 million, and other donors are invited to fund the balance.

The major categories of activities in the proposal are:

- Construction of training- and education-related facilities.
- Training and employment of 3700 female FWWs.
- Information, education and communication, consisting largely of pilot project proposals developed by nonhealth ministries - Local Government and Rural Development, Labor and Social Welfare, Agriculture, Education, and Information and Broadcasting.
- Establishing and strengthening institutions related to research and evaluation, in particular, the proposed Population Planning

Division and the Population Study Center of the Bangladesh  
Institute of Economic Studies.

Discussions are in progress with the donor community and with the BDG.

Revisions are expected in the final proposal.

4/25/74