9320624 (8)
PD-AAT-355-B1
49p

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT PAPER FACESHEET

1. TRANSACTION CODE: A (A = ADD, C = CHANGE, D = DELETE)

PP

2. DOCUMENT CODE: 3

3. COUNTRY/ENTITY: Worldwide

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 digits): 932 - 624

6. BUREAU/OFFICE: A. SYMBOL: PHA; B. CODE: 7

7. PROJECT TITLE (Maximum 40 characters): Contraceptive Prevalence Studies

8. ESTIMATED FY OF PROJECT COMPLETION: FY 80

9. ESTIMATED DATE OF OBLIGATION: A. INITIAL FY 77; B. QUARTER 4; C. FINAL FY 79 (Enter 1, 2, 3, or 4)

10. ESTIMATED COSTS ($000 OR EQUIVALENT $1 –

A. FUNDING SOURCE	FIRST FY B. FX	C. L/C	D. TOTAL	LIFE OF PROJECT E. FX	F. L/C	G. TOTAL
AID APPROPRIATED TOTAL	150		150	1650		1650
(GRANT)	150	( )	150	1650	( )	1650
(LOAN)	( )	( )	( )	( )	( )	( )
OTHER U.S. 1.						
OTHER U.S. 2.						
HOST COUNTRY						
OTHER DONOR(S)						
TOTALS	150		150	1650		1650

11. PROPOSED BUDGET APPROPRIATED FUNDS ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE C. GRANT	D. LOAN	E. 1ST FY 77 F. GRANT	G. LOAN	H. 2ND FY 78 I. GRANT	J. LOAN	K. 3RD FY 79 L. GRANT	M. LOAN
(1) PII	410	410		150		700		300	
(2)									
(3)									
(4)									
TOTALS				150		700		800	

A. APPROPRIATION	N. 4TH FY ___ O. GRANT	P. LOAN	Q. 5TH FY ___ R. GRANT	S. LOAN	LIFE OF PROJECT T. GRANT	U. LOAN
(1) PII					1650	
(2)						
(3)						
(4)						
TOTALS					1650	

12. IN-DEPTH EVALUATION SCHEDULED: MM 03 YY 79

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

1 (1 = NO, 2 = YES)

14. ORIGINATING OFFICE CLEARANCE

SIGNATURE

TITLE PHA/POP, R.T.Pavenholt
Director

DATE SIGNED 24-1-77

15. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID A DOCUMENTS, DATE OF DISTRIBUTION

AID 1330-4 (3-78)

Proj. 9320624
PD-

AA/PHA

MAR 28 1977

MAR 28

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, PHA

FROM: C. D. McMakin, PHA/PROG

Problem: Your approval is requested for the attached Contraceptive Prevalence Studies Project for which the proposed life-of-project funding is $1,650,000.

BACKGROUND: There has, until now, been no capacity in the demographic data program to measure repetitively, over short periods of time, and with quick data retrieval times, the effect of family planning initiatives in the LDCs. This project is designed to provide that capacity.

The project proposes three year funding for contracts with one or more experienced (family planning) survey organizations to build upon past survey instruments in developing prototype questionnaires to be used in repetitive sample surveys designed to measure relative changes in contraceptive prevalance in LDCs in which AID supports active family planning programs. The proposed surveys, to be conducted in 5 to 6 developing countries, will be carried out by target country research organizations subcontracted to prime contractor(s) in the United States.

The proposed funding will be allocated, incrementally, as follows: $150,000 in FY 1977 during the questionnaire design, development and country selection stages; $700,000 in FY 1978, when initial surveys will be conducted and analyzed; and $800,000 in FY 1979 when first and second round surveys will be carried out and analyses will be in preparation.

Following the Agency Review on January 6, the project paper was returned to the Population Office for minor revision of the budget and for refinement of proposed country targets and country selection criteria. The modifications, which narrow to ten the number of "high priority" countries being considered, and which reduce the FY 1977 budget proposal from $400,000 to $150,000, are adequate to answer the the principle issues raised by the review. The Project Manager has also addressed a number of minor technical issues raised by the Program Office Issues Paper in a memorandum which is attached. The project conforms to all relevant Agency and Congressional guidelines and to the project data presented on page 106 of the 1977 CP Data Book for Interregional Programs. The paper has been reviewed and cleared by all appropriate AID offices.

RECOMMENDATION: That you approve the project for funding from FY 1977 through FY 1979.

ATTACHMENTS:
Contraceptive Prevalence Studies Project Paper
Project Authorization and Request for Funds

L3/pd

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS PART I

1. TRANSACTION CODE: A (A = ADD, C = CHANGE, D = DELETE)

PAF

2. DOCUMENT CODE: 5

3. COUNTRY/ENTITY: Worldwide

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 digits): 932-0624

6. BUREAU/OFFICE: A. SYMBOL: PHA; B. CODE: 7

7. PROJECT TITLE (Maximum 40 characters): Contraceptive Prevalence Studies

8. PROJECT APPROVAL DECISION — ACTION TAKEN: A (A = APPROVED, D = DISAPPROVED, DE = DEAUTHORIZED)

9. EST. PERIOD OF IMPLEMENTATION: YRS. 77; QTRS 3

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE C GRANT	PRIMARY TECH. CODE D LOAN	E. 1ST FY 77 F GRANT	E. 1ST FY 77 G LOAN	H. 2ND FY 78 I GRANT	H. 2ND FY 78 J. LOAN	K. 3RD FY 79 L. GRANT	K. 3RD FY 79 M. LOAN
(1) PH	410	410		150		700		800	
(2)									
(3)									
(4)									
TOTALS				150		700		800	

A. APPROPRIATION	N. 4TH FY O. GRANT	N. 4TH FY P. LOAN	Q. 5TH FY R. GRANT	Q. 5TH FY S. LOAN	LIFE OF PROJECT T GRANT	LIFE OF PROJECT U. LOAN
(1) PH					1650	
(2)						
(3)						
(4)						
TOTALS					1650	

11. PROJECT FUNDING AUTHORIZED (ENTER APPROPRIATE CODE(S)) 1 = LIFE OF PROJECT, 2 = INCREMENTAL, LIFE OF PROJECT

	A. GRANT	B. LOAN
	2	

C. PROJECT FUNDING AUTHORIZED THRU FY 79

12. INITIAL PROJECT FUNDING ALLOTMENT REQUESTED ($000)

B. ALLOTMENT REQUEST NO.

A. APPROPRIATION	C. GRANT	D. LOAN
(1) PH	150	
(2)		
(3)		
(4)		
TOTALS	150	

13. FUNDS RESERVED FOR ALLOTMENT

TYPED NAME (Chief, SER/FM/FSD)

SIGNATURE

DATE

14. SOURCE/ORIGIN OF GOODS AND SERVICES: 000 ☐ 941 ☐ LOCAL ☐ OTHER ____

15. FOR AMENDMENTS, NATURE OF CHANGE PROPOSED

FOR PPC/PIAS USE ONLY	16. AUTHORIZING OFFICE SYMBOL	17. ACTION DATE MM DD YY	18. ACTION REFERENCE (Optional)	ACTION REFERENCE DATE MM DD YY

AID 1330-6 (7-70)

PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS

PART II

Name of Country/
Entity: Worldwide

Name of Project: Contraceptive Prevalence Studies
Number of Project: 932-0624

Pursuant to Part I, Chapter 1, Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize a total level of A.I.D. appropriated funding planned for this project of not to exceed one million six hundred fifty thousand United States Dollars ($1,650,000), of which the entire amount will be grant funded during the period FY 1977 through 1979, in accordance with the attached PP.

Assistant Administrator, PHA
(Acting)

Date

BEST AVAILABLE COPY

I. Summary and Recommendations

A. Face Sheet

B. Recommendations

Fiscal Year	1977	1978	1979	Total
Obligation ($000)	150	700	800	1,650

C. Description of the Project

1. The purpose of this project is to carry out repetitive sample surveys of contraceptive prevalence in some 5 - 6 developing countries with active public and/or private sector family planning programs, and to publish the resulting data for use by LDC family planning program administrators and by A.I.D. The project is created in answer to the need for more accurate and timely family planning data. Existing client record systems often suffer from serious delays in tabulation of records, duplicative definitions of "new acceptors," and/or simple exaggeration of program performance. Moreover, there is a critical need for improving measurement of family planning acceptance from the commercial and private sectors. Since PHA/POP is moving increasingly beyond clinics to community-based distribution systems to insure greater availability of both surgical and non-surgical means of contraception, it is urgent that we accurately measure the performance of these different programs.

We believe utilization of the sample survey technique provides the most accurate and efficient means for measuring family planning activity in both the public and private sectors

simultaneously. By conducting prevalence surveys on a repetitive basis (e.g., semi-annually, annually, etc.), this project will generate a continuous flow of data that will provide a representative picture of family planning activity in several key LDCs.

2. Although a contractor for this project has not been selected, PHA/POP/DEA intends to bring together representatives of selected contractors with experience in family planning surveys in order to explore ways of involving one or more of these contractors in initial drafting and testing of a prototype questionnaire.

The principal advantage of this approach is that it permits completion of some important "start-up" activities for this project prior to full staffing up of the eventual prime contractor. This certainly will facilitate rapid implementation of surveys in target countries. Second, these existing contractors have rather unique experience in designing survey instruments for gathering contraceptive use prevalence data in a large number of countries.

3. Once a contractor is identified and a contract is signed, PHA/POP and the contractor will work together to identify target countries for this project, based on positive expressions of interest from the field.

Equal emphasis during the first phase of the project will be placed on finalization of a prototype questionnaire and other necessary survey documentation. Again, PHA/POP will be directly involved in this process to insure that the proper range of items on contraceptive use, availability, and knowledge are incorporated.

Upon completion of these preparatory activities, the work of actually undertaking prevalence surveys will begin. Capable target country research organizations will be identified and survey subcontracts will be negotiated. Actual survey operations will be the primary responsibility of the host country executing agencies, but heavy financial and technical assistance from the prime contractor undoubtedly will be needed in most target countries--at least for initial rounds of the survey.

Early attention will be given to the matter of processing and analysis of results. Questionnaire items will be precoded whenever possible to facilitate processing, and tabulation of data. Analysis of data will be presented in a concise format appropriate for use by family planning administrators. Both processing and analysis will be done in-country whenever possible, with assistance as necessary from the prime contractor.

4. By the scheduled end of project activities in FY 1979, at least one round of prevalence surveys will have been completed in 5 - 6 LDCs. In countries where more than one round is

taken, emphasis will be placed on gradual transfer of financial and technical responsibility for this project to host countries. However, we can foresee the possibility that certain participating countries may be incapable of fully sustaining this activity by FY 1979. For this reason, a two year extension may later be necessary.

D. Summary Findings

On the basis of the analyses contained in Parts III and IV of this paper (pp.13-32), we believe that this project represents a cost-effective approach to generating a continuous flow of reliable family planning data. In the judgment of this office, this project is ready for implementation.

E. Project Issues

No outstanding project issues.

II. Project Background and Detailed Description

A. Background

Rapid population growth is largely a phenomenon of the last two centuries. Prior to this time, high levels of fertility and mortality throughout the world resulted in low population growth. In fact, it was not until about 1820 that the world population reached one billion. Beginning at that point, the world population reached two billion in another 110 years (about 1930), increased to three billion in another 30 years (1960), and hit four billion only 15 years after that (1975).

This rather alarming trend is the result of two factors: a) increased rates of population growth in the last two centuries, and b) an increasing base population upon which these rates apply. Why have population growth rates increased in the last 200 years? One important factor is declining mortality resulting from advances in public health and sanitation technology.

In the 18th and 19th centuries mortality declines were primarily confined to the developed world and were very gradual. Furthermore, mortality declines in the developed world were followed only decades later by concommitant gradual declines in fertility. The net result was a significant—but not explosive—increase in world population in the 19th century. Since that time, continued declines in fertility in the developed countries have resulted in very low growth rates for these

countries.

The 20th century scenario is quite different. Following World War II, sanitation and public health technology was rapidly improved in much of the developing world. By 1965, most LDCs had reduced their crude death rates by 25-50%, with no appreciable concommitant declines in birth rates. As a result, population growth rates in the developing world increased much faster than had been the case earlier in developed countries.

In many developing countries, these high growth rates have had severe economic and social effects. Most resources have of necessity gone for food and basic services in an attempt to just maintain constant standards of living. Modest gains in technological development have been offset by rapid population growth. The result has been economic stagnation; the total gross national product has in many cases gone up, but per capita GNP has remained constant or gone down in some instances.

Since 1965, development assistance organizations, including A.I.D., have responded to this urgent problem by supporting organized programs aimed at reducing fertility. A.I.D. has taken a leading role in supporting population control policy, and has initiated projects to provide technical assistance to family planning and population programs throughout the world.

Until recently, family planning programs were primarily clinic-based, and were often integrated with maternal and

child health programs. However, in the last few years, there has been a move to expand services beyond clinics by dispensing contraceptives directly to the public through household saturation projects, community-based distribution systems, and so forth. A.I.D. and other assistance organizations also have attempted to stimulate acceptance of family planning through the commercial and private sectors in many LDCs. In short, A.I.D. is committed to a policy of promoting community and household availability of all means of contraception.

In order that the effectiveness and efficiency of various non-clinical delivery systems may be assessed and evaluated in each country, it is important either that projects promoting these delivery systems contain a plan for measurement of success, and/or that an independent project be established to measure acceptance of contraceptives through non-clinical as well as clinical means.

Although some of the household saturation projects initiated by A.I.D. have measurement research components, some do not. Regardless, most of these projects do not approach national or even regional coverage; they are not intended for that purpose. For this reason, there remains an urgent need for measurement of contraceptive prevalence for large areas, for a large number of countries. Existing measurement systems (e.g., client record systems) are not adequate for measuring national or regional acceptance of contraception from <u>all</u> existing delivery modalities. For this purpose a sample survey project to measure contraceptive use prevalence is needed. This project is designed to fulfill this measurement gap.

Prevalence surveys certainly are not a new concept. Various forms of "KAP" (knowledge, attitude, practice) surveys have been undertaken in countries (developed and developing alike) since the inception of organized family planning programs. However, surveys to date typically have been characterized by one or more of the following common weaknesses:

a. They often are single-round surveys, and therefore are not designed to measure change in prevalence rates over time;

b. They often are designed and conducted by foreign investigators, and therefore survey design and analysis may not be keyed to LDC needs.

c. KAP items may be included only as a part of a larger multi-purpose survey, and therefore analysis of these important data may be given only secondary emphasis.

d. Samples may be too small or improperly designed, resulting in an unacceptable level of sampling error.

e. Questionnaires may be too limited, too long, or improperly designed, causing problems with interviewing, coding, editing, and interpretation of data.

f. Survey organization (especially training and field work supervision) may be haphazard, resulting in unacceptable levels of non-sampling error.

It cannot be said that all prevalence surveys to date have suffered from the above limitations, but it can safely be said that there has been a great deal of variability in quality of data between countries and between surveys, and that there are very few developing countries that are

currently gathering high quality prevalence data on a systematic basis.

A few AID contractors have had experience collecting survey data on contraceptive use prevalence. For example, the World Fertility Survey collects these data in addition to fertility and other demographic and socioeconomic variables. However, the WFS is not designed to provide multi-round data at frequent intervals, and does not seek to institutionalize this particular capability in host countries. Similarly, the Center for Disease Control (CDC) and Westinghouse Corporation have been doing some family planning survey work in certain countries. Again, however, these efforts are ad hoc and do not represent a systematic program for building and sustaining this important capability in key LDC's. Therefore, this project will be building upon the experience of previous efforts, but will extend far beyond these efforts to systematize and institutionalize programs for regular collection of survey data on the prevalence of contraceptive knowledge, availability, and use.

B. Detailed Description

1. This project is directly related to major points of Goal One strategy: i.e., it is directed toward the collection and analysis of family planning data to a) assist family planning administrators in program design and implementation, and b) provide evidence to LDC planners and to A.I.D. of the impact of family planning in developing countries.

2. Project Purpose

The purpose of this project is to carry out repetitive sample surveys of contraceptive use prevalence in several developing countries with active public and/or private sector family planning programs, and to publish the resulting data for use by LDC family planning administrators and by A.I.D.

3. End of Project Status

   a. Multi-round sample survey data on contraceptive prevalence gathered and published for 5-6 key developing countries.[1]

   b. Data published as a result of these surveys are utilized by LDC planners for operation and evaluation of family planning programs.

   c. Executing agencies in participating countries, through repetition of survey operations over the course of the project, are technically capable of conducting future rounds of prevalence surveys.

4. Means of Verification

   a. Prevalence data collected and processed. Final reports available for each participating country.

   b. Program planning and evaluation documents referring to prevalence data, or reflecting substantive findings of the project.

   c. Periodic collection and analysis of prevalence survey data continues after expiration of this project.

5. Outputs

   a. Survey Documentation Drafted and Tested

   During the first year of the project, efforts will focus on finalization of a prototype questionnaire containing the minimum essential items for meaningful analysis of prevalence. In addition, optional items will be prepared for inclusion in the questionnaire should the country so desire. The questionnaire will undergo a general pretest in 2-3 countries, and will be pretested again in each country prior to undertaking a full survey. Other survey documentation such as supervisor and interviewer instructions will also be drafted and adapted to country needs.

[1] Criteria for country selection, plus an illustrative list of target countries, are presented later.

Existing contractors may be approached to begin this preparatory work, but additional refinement and testing of the questionnaire and support documentation may be required on the part of the contractor during 1977.

b. Selection of Participating Countries

Countries will be selected for participation based upon consideration of a number of interrelated criteria, among which are the following:

i. Country is of high programmatic priority.

ii. Existence of a significant volume of public and/or private sector family planning activity.

iii. Existence of adequate survey capabilities (e.g., supervisory personnel, computer facilities, etc.).

iv. Strong interest expressed by host government and USAID.

v. Country is not prohibited from receiving assistance under the Foreign Assistance Act.

An airgram (Annex A) has been sent to the countries listed below, describing the project. Positive responses to this airgram will serve as the basis for further development of a list of target countries for this project.

Africa	Asia	Latin America
Botswana	Afghanistan	Colombia*
Ghana*	Bangladesh*	Costa Rica
Kenya	Egypt	Dominican Republic
Liberia	Indonesia	El Salvador*
Tanzania	Korea	Guatemala
Zaire	Morocco	Haiti
	Nepal*	Honduras
	Pakistan	Jamaica*
	Philippines*	Mexico
	Sri Lanka*	Nicaragua
	Thailand*	Panama
	Tunisia*	Paraguay
		Peru

*An asterisk indicates countries in which there is an active commercial contraceptive distribution program. These countries are considered to be of especially high priority, and special efforts will be made to enlist participation of these countries in this project.

c. At least one round of prevalence surveys conducted in approximately 5 - 6 key LDCs. Results from prevalence surveys quickly analyzed, published, and distributed to family planning program administrators.

6. Major Assumptions

a. Developing countries have an interest in and a need for timely and accurate family planning data for program management.

b. Existing projects for collecting family planning data are incapable of accurately assessing prevalence in the private and commercial sectors.

c. Repetitive contraceptive prevalence surveys, if properly designed and carried out, can provide accurate family planning data for program management.

d. Government or private research organizations/personnel are available in host countries, and possess the necessary skills to undertake a project of this nature with proper assistance.

e. At the conclusion of this project, participating countries will be willing and able to assume technical and financial responsibility for continuation of repetitive prevalence surveys.

f. A.I.D. program managers need reliable, current, and continuous family planning data for program management and evaluation purposes.

7. Inputs

a. A.I.D./W inputs for the initial three-year project period are projected at $1.65 million. Of this amount, $150,000 will be obligated in FY 1977, $700,000 in FY 1978, and $800,000 in FY 1979. A detailed budget for these amounts is presented in Table 1.

Table 1: BUDGET ANALYSIS

	FY 1977[a]	FY 1978	FY 1979
Total	150	700	800
Personnel Costs			
Professional	65	125	125
Clerical	5	12	12
Overhead (50% Salary & Benefits)[b]	35	68	68
Other Costs			
Travel	13	100	100
Survey Subcontracts	-	275	365
Consultants	10	20	20
Publications	10	20	20
Computer Costs	10	45	50
Other Costs/Contingencies (5%)	2	35	40

[a]April 1-September 30, 1977

[b]Includes rent for office space, utilities, supplies, communication costs, reproduction costs, etc.

U.S.A.I.D. Mission inputs during the developmental stage of this project are not expected to be significant. However, Missions will be urged to contribute to local survey costs through existing projects, if possible.

Host countries will be required to pay some portion of local personnel, equipment, or other survey costs incurred as part of this project.

The balance of inputs from various contributors for survey costs will be negotiated at the time each survey is designed.

b. Project Duration

The need for a project of this type likely will continue as long as non-clinical contraceptive delivery systems comprise a significant element of family planning programs. While some countries participating in this initial three-year project may be able to assume full technical and financial responsibility for continuation of this activity, other participating LDC's likely will require further assistance. Moreover, it may be advantageous to bring additional LDC's into the program.

For these reasons, we can anticipate the need for extension of this activity beyond the initial three-year period proposed here. However, the specific nature of such future activity will be dependent largely upon accomplishments and problems arising from the present project (as reflected in project evaluations), as well as Goal One program priorities.

III. Project Analysis

A. Technical Analysis Including Environmental Assessment

1. Suitability of Technology

There is now general agreement among family planning administrators that evaluation should comprise an important element of national family planning programs. It is not enough merely to provide funds and commodities to these programs, and then to assume that commodities are all being utilized by eligible couples. We know that utilization of family planning is dependent on a number of factors in addition to adequate supplies of commodities, including number and dispersion of delivery points, policy commitment of the government or ministry, demographic and socio-economic characteristics of eligible women, etc. For these reasons, most public family planning programs attempt to gather service statistics that will provide an indication of the number of women visiting clinics to obtain services. These statistics generally are gathered at each clinic and then passed to a higher administrative level where they are reviewed and disseminated.

In practice, service statistics have been characterized by a number of significant weaknesses. Reported family planning acceptor figures are often inflated due to double-counting of acceptors who change clinics or methods, and to simple exaggeration of performance. Moreover, there often are delays in tabulating and publishing data on a timely basis; therefore the use of service statistics as the basis for sound planning and evaluation may be questionable. Regardless, service statistics provide data only on acceptors of family planning from public sector programs. Efforts to computerize or otherwise improve service statistics (although certainly not to be discouraged where appropriate) will not change this fact. Family planning administrators need additional information on family planning

activity in the private sector in order to get a total picture of what is happening in their country.

Inventory and sales records of commercial contraceptive supplies in LDC's are being used now in some countries to provide an indication of commerical sector performance. However, these records must be kept at the level of the retail outlet in order to provide an accurate estimate of commodities actually sold to consumers. These retail outlets in many LDC's may not be equipped to maintain accurate records, or may be inclined to exaggerate sales to meet quotas set by home offices of commodity supply companies, who may in turn inflate sales reports provided to funding agencies.

What is needed is a prevalence measurement system that is consumer-oriented rather than product-oriented. We need more than service statistics on new acceptors, or inventory or sales reports that talk about products and not people. We need to know how many women are currently using family planning, what method(s) they are using, where the contraceptives were obtained, and user characteristics (e.g., age, parity, knowledge of methods, etc.) This full range of information is not obtainable from the methodologies discussed above. The most efficient means for gathering these data is through repetitive sample surveys, as proposed in this project.

The surveys undertaken as part of this project will be designed so as to permit collection, tabulation, and analysis of data in six months. This means that the surveys will be kept very simple; most items will be precoded and editing/tabulation will be accomplished with existing software packages. These features maximize chances

of successful replication and routinization of these contraceptive prevalence surveys on a regular basis. While technical assistance will be needed to insure successful completion of initial rounds of prevalence surveys, most participating LDC's should be capable of continuing prevalence surveys on a regular basis after completion of this project.

2. Environmental Assessment

This project is not expected to have any significant environmental implications.

3. Technical/Cost Design

This project seeks to provide a continuous flow of timely and accurate data on contraceptive prevalence for use by family planning administrators in key LDC's.

Initial activities of this project will focus on drafting of the prototype questionnaire, training manuals, editing and coding instructions, tabulation plans, etc. The questionnaire will be designed to include minimum essential variables such as current use and ever use of each method of contraception, age, parity, household and community availability of contraceptives, and contraceptive knowledge. All items will be precoded to allow for rapid tabulation of results.

As the survey documentation is being drafted, the prime contractor also will be engaged in the process of target country selection. An airgram (see Annex A) describing this project was sent recently to a number of countries where useful prevalence survey work could be undertaken. Positive responses to this airgram will serve as

the basis for further discussions as to the feasibility and timing of participation in this project. This will be accomplished through correspondence and perhaps exploratory site visits by the prime contractor and/or PHA/POP.

Once an LDC expresses firm interest in participation, the prime contractor will work to identify governmental or private research organizations capable of acting as the local executing agency for actually carrying out the survey. In considering private organizations, competitive bids will be solicited where appropriate. Upon selection of the executing agency, a survey subcontract between the prime contractor and that agency will be negotiated and submitted to PHA/POP for approval.

Surveys in each participating LDC will be undertaken annually or semiannually, depending upon program needs, availability of host country, Mission, or project funds, and other technical considerations.

Results from prevalence surveys will be processed using existing machine editing and rapid tabulation computer software. Subsequent reports will be written by the executing agency with assistance from the prime contractor as necessary, and presented in a form that is understandable by non-specialists; these reports will be directed primarily toward family planning officials and economic/social planners in participating countries. Other more technical papers may be written for presentation at conferences and professional meetings, as needed.

It is expected that initial rounds of prevalence surveys in most countries will be at least partially funded by this project. However, all reasonable attempts will be made to institutionalize financial and technical responsibility for this activity during the course of this project.

Costs for this project may be itemized by output as follows:

Drafting and Testing of Project Documentation[1]

	Total	FY 1977	FY 1978	FY 1979
Total	53	53	-	-
Personnel	29	29	-	-
Travel	2	2	-	-
Consultants	2	2	-	-
Publications	5	5	-	-
Overhead	15	15	-	-

[1]In addition to initial pretesting of documentation in FY 1977, small pretests of the finalized questionnaire in each participating country will be undertaken. Costs for the latter are included in projected survey subcontract costs below.

Selection of the Participating Countries

On the basis of country interest and other program considerations, the prime contractor will organize a preliminary visit to each prospective target country for the purpose of solidifying local government and Mission interest in an ongoing activity of this nature, and identifying prospective executing agencies for the actual survey work.

	Total	FY 1977	FY 1978	FY 1979
Total	157	47	65	45
Personnel	74	24	30	20
Travel	33	8	15	10
Consultants	13	3	5	5
Overhead	37	12	15	10

Prevalence Surveys Conducted and Analyzed in Target Countries

At least one round of surveys will be designed and conducted in each target country before the scheduled end of the project. Costs will include both contributions toward local survey costs (i.e., subcontracts) and contractor costs associated with monitoring and coordination of all surveys.

	Total	FY 1977	FY 1978	FY 1979
Total	1,363	48	600	715
Personnel	241	17	107	117
Travel	178	3	85	90
Survey Subcontracts	640	- -	275	365
Consultants	35	5	15	15
Publications	45	5	20	20
Computer Costs	105	10	45	50
Overhead	119	8	53	58

Contingencies

	Total	FY 1977	FY 1978	FY 1979
Total	77	2	35	40

To summarize the technical/cost design, this project will collect multi-round survey data on contraceptive prevalence in some 5-6 key LDC's. Given the trend toward non-clinical contraceptive delivery systems, it is our opinion that contraceptive prevalence surveys consistute the most cost effective means for measuring impact of public and private sector programs. Overall proposed funding of this project is in line with actual anticipated project workload. Specific line item allocation of funding is based on best estimates of this office. It is our conclusion, therefore, that the technical and cost design of this project is sound and reasonable.

B. Financial Analysis and Plan

1. Financial Rate of Return/Viability

Attempts to determine the financial rate of return/viability for family planning programs often are based on analysis of clinic records of new acceptors. Unfortunately, in many instances these data are inadequate because of the absence of reliable statistical reporting systems, duplicative definitions of "new acceptors," and the increased importance of non-clinical delivery of family planning services.

This project is designed to go beyond available clinic data by collecting high quality survey data on the knowledge and utilization of family planning services from all existing delivery channels. By gathering data directly from survey respondents, definition problems and weaknesses in clinic-based statistical systems are circumvented.

Data on the numbers and characteristics of women using family planning are important for effective program management. Moreover, these data are needed both in LDC's and A.I.D. to show progress in existing programs. Therefore, the financial rate of return for this project should be favorable in that resulting data may well have a positive effect on the programming of funds to selected family planning programs.

2. Recurrent Budget Analysis

Recurrent costs in this project relate to local survey costs for each round of surveys in each participating country. Depending upon the size of sample and geographical coverage desired by a participating country, these costs could range from about $25,000 to as much as $100,000 per survey.

During the life of the project, the prime contractor will likely assume a majority share of these local costs. As each country enters into its second or third round of prevalence surveys, the host government will be urged to take on an increasing technical and financial role in this activity.

This project will focus on countries with active family planning programs--countries which are already aware of the need to measure program uptake for evaluation and management purposes. We are convinced that contraceptive prevalence surveys, combined with existing clinical data systems, will serve the family planning data needs of target countries. Therefore, we expect that participating LDC's will wish to incorporate prevalence surveys as a part of their ongoing

program for family planning progress measurement and evaluation. In most cases, we expect that the institutionalization of responsibility for this project will be accomplished during the three-year life of this project. However, we can foresee the possibility that the phasing in of total technical and financial responsibility for this activity may in some cases take more than the two-three years life of this project. In such cases, PHA/POP will wish to consider alternatives for continuation of needed support, whether through extension of this project, bilateral Title X support, or support through a multi-lateral intermediary.

3. Financial Plan/Budget Tables

The cost to A.I.D./W for this project is expected to be $1.65 million over the three-year project period proposed in this paper. Host countries will be expected to contribute a share of local survey costs, but the amount of this contribution may vary considerably from country to country, depending upon how large a contribution can be made for the initial round and how quickly each country can assume a greater financial responsibility for subsequent rounds of the survey. For the purpose of this paper, these host country contributions are estimated at $350 thousand.

Proposed expenditures for this project, costed out by output, are presented in Table 2.

Table 2: SUMMARY COST ESTIMATES AND FINANCIAL PLAN

($000)

	Total	FY 1977	FY 1978	FY 1979
I. Total AID/W Inputs	1,650	150	700	800
Drafting and Testing of Project Documentation	53	53	-	-
Selection of Participating Countries	157	47	65	45
Collection and Analysis of Prevalence Survey Data	1,363	48	600	715
Contingencies/Other Costs	77	2	35	40
II. Total Host Country Inputs	350	100	100	150
Collection and Analysis of Prevalence Survey Data	350	100	100	150
III. Total Cost of Project (I & II)	2,000	250	800	950

4. Summary Opinion

It is the opinion of this office that the financial plan for this project is sound and reasonable, and that the project represents a cost-effective approach to measuring contraceptive use.

C. Social Analysis

1. Socio-Cultural Feasibility

In survey research of the nature proposed here, proper survey techniques can maximize the feasibility of obtaining high quality data. Proper sample selection, culturally acceptable questionnaire wording, sound training of interviewers and supervisory personnel, and close supervision during field work are among the most important of these techniques. This project will emphasize the use of sound survey procedures at every stage of survey operations. Experienced technicians from the prime contractor will provide TDY supervision for each participating country as necessary. Moreover, the technical and financial design of each survey proposal will be reviewed by POP/DEA prior to A.I.D. approval.

Regarding the sensitivity of the subject matter, there exists ample evidence that questions on contraceptive knowledge and use can be asked of ever-married women with no embarrassment.Fertility and family planning surveys have in the past collected these types of data with good success.

It is our conclusion that collection and analysis of high quality data on contraceptive prevalence and availability is both socially and

culturally feasible. Sound techniques for gathering data on contraceptive prevalence already exist, and techniques for collecting data on contraceptive availability are being developed and refined by the World Fertility Survey project, which is partially funded by A.I.D.

2. Social Consequences/Beneficiaries

This project does not attempt in any way to effect social change, but rather measure behavior through the collection and analysis of reliable family planning data.

Nevertheless, it is important to note here that one of the goals of this project is to produce succinct data analyses, written for non-technical LDC family planning administrators, which will summarize data findings and discuss their significance. To the extent that these analyses impact upon sound program management, this project could have a significant effect on the future success of family planning programs, and hence on the health and well-being of families to which these services are available.

D. Economic Analysis

This project will not have any measurable impact on the economies of participating countries, other than providing temporary employment to local personnel during survey operations.

The technical merits of the contraceptive prevalence approach compared to clinic and sales/inventory record systems was discussed earlier (see Suitability of Technology, III.A.1.). On the basis of those comments and given the relatively low cost and high

flexibility (regarding geographical coverage and subject matter) of surveys, we would conclude that the survey approach affords the most cost-effective means of gathering representative data on family planning activity in both the public and private sectors.

IV. Implementation Arrangements

A. Administrative Arrangements

1. Recipient

The prime contractor for this project has not yet been selected, although PHA/POP has begun an earnest search for prospective contractors with significant overseas experience with health/social/marketing surveys. There are a sizeable number of such organizations in the United States and abroad.

The role of the prime contractor will be to:

a) draft and test survey documentation;

b) identify target countries and prospective executing agencies for carrying out surveys in these countries;

c) oversee and coordinate field operations, providing technical assistance as necessary;

d) insure timely processing and analysis of data;

e) provide financial reports, progress reports, and other necessary documentation to A.I.D. as required by the contract.

Host country research organizations, jointly selected and approved by the prime contractor, the host country government, and A.I.D., will be responsible for implementation of the actual surveys. Services of these executing agencies will be formally subcontracted by the prime contractor; and these subcontracts will conform to A.I.D. contracting requirements, including provision of a negotiated budget and time schedule. Cost reimbursements to executing agencies by the prime contractor will be phased to coincide with successful completion of each successive phase of survey operations.

Monitoring of survey operations will be done by the prime contractor, assisted by consultants as necessary. We estimate that approximately four full-time technicians will be necessary to successfully monitor the 5-6 countries we hope to involve in this project. Because of the anticipated need for technical assistance by the prime contractor on several points during each survey, it will be necessary for most or all of these technicians to travel extensively, making stops to more than one participating country when possible.

2. A.I.D.

It is expected that there will be a close working relationship between PHA/POP and the prime contractor. PHA/POP will play an active role in reviewing draft questionnaires, approving selection of target countries, and approving survey subcontracts. The A.I.D. project manager also will wish to participate in occasional site visits to monitor survey progress. A.I.D. Missions will be kept

fully briefed on all aspects of survey activities and may be asked to assume some monitoring and/or financial role in the project.

B. Implementation Plan

October - December, 1976

1. Project Paper reviewed and approved.

January - March, 1977

1. PIO/T and contract negotiated and signed.

April - June, 1977

1. Complete staffing of project.
2. Tentative selection of target countries.
3. Begin correspondence with AID/W regional offices, Missions, and target country governments to firm up country interest in participation.
4. Begin drafting of prototype questionnaire and other survey documentation.
5. Begin identification of capable host country research organizations.
6. Begin identification of expert consultants who can provide advisory assistance.

July - September, 1977

1. Complete selection of target countries.
2. Complete identification of capable host country research organizations; select executing agencies for carrying out surveys.
3. Complete drafting of prototype questionnaire and other survey documentation.
4. Begin series of survey design visits to finalize survey preparations.
5. Complete identification of expert consultants who can provide advisory assistance.
6. Begin work on strategy for tabulation and analysis of prevalence survey data.
7. Contractor prepares progress report covering initial six months of project operations.

October 1977 - September 1978

1. Survey subcontracts negotiated and signed in approximately three to six key LDC's.
2. First round prevalence surveys underway or completed in approximately three to six key LDC's.
3. Complete work on strategy for tabulation and analysis of prevalence survey data.
4. Analysis reports completed for approximately one to four first round surveys.

5. Two semi-annual progress reports prepared by the contractor covering project operations during 10.77 - 9.78.

October 1978 - September 1979

1. Intensive evaluation completed by PHA.

2. Decision made by PHA as to the need for extension of the project; documentation for extension processed, if needed.

3. Survey subcontracts negotiated and signed in approximately two additional key LDC's.

4. First round surveys underway or completed in approximately two additional key LDC's; second round surveys underway in three to six LDC's.

5. Analysis reports completed for approximately four first round and two second round surveys.

6. Two semi-annual progress reports prepared by the contractor covering project operations during 10/78 - 9.79,

C. Evaluation Plan

AID policy calls for monitorship of the project throughout its life. Evaluations, on the other hand, are conducted at critical points in the life of the project. An intensive evaluation of this project by objective observers will take place following completion of the first three first-round surveys - in time for decision to be made concerning inclusion of the project in the 1980 Congressional Presentation. The purpose of the evaluation will be to determine whether there has been adequate progress twoard the project purpose and whether project extension should be authorized.

completed by the PHA/POP project manager and submitted to the PHA Evaluation Officer for review. No special arrangements will be needed to complete these evaluations, except perhaps brief site visits to the headquarters of the prime contractor.

If, for whatever reason, conditions warrant a more intensive evaluation of this project, PHA/POP will serve as the coordinating office for such an evaluation. In this instance, it may be necessary to form a team of evaluators from inside and/or outside of A.I.D.; and it also may be necessary to arrange site visits to one or more participating LDC's to observe survey operations first-hand. PHA/POP will obtain necessary clearances from Missions and host governments before undertaking an intensive evaluation of this nature.

D. Conditions, Covenants, and Negotiating Status

1. Women's Impact Statement

Women will be recruited to serve in key roles associated with this project's activities. Applicants will be judged solely upon their professional qualifications.

2. Abortion-Related Activities

This project is consistent with A.I.D. policies relative to abortion-related activities and with Section 114 of the Foreign Assistance Act of 1961, as amended. No funds made available under this project will be used for the procurement or distribution of equipment provided for the purpose of inducing abortions as a

method of family planning; for information, education, training or communication programs that seek to promote abortion as a method of family planning; for payments to women in less developed countries to have abortions as a method of family planning; or for payments to persons to perform abortions or to solicit persons to undergo abortions.

3. Subcontracting

The contractor may subcontract with domestic or foreign researchers or research organizations for activities relating to project objectives. All subcontracts will be reviewed by the Office of Population.

4. Negotiating Status

There are no host country actions to be taken prior to executing this project.

AID 1020-26 (11-73)

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project: From FY 77 to FY 79
Total U. S. Funding $1,650,000
Date Prepared: August 18, 1976

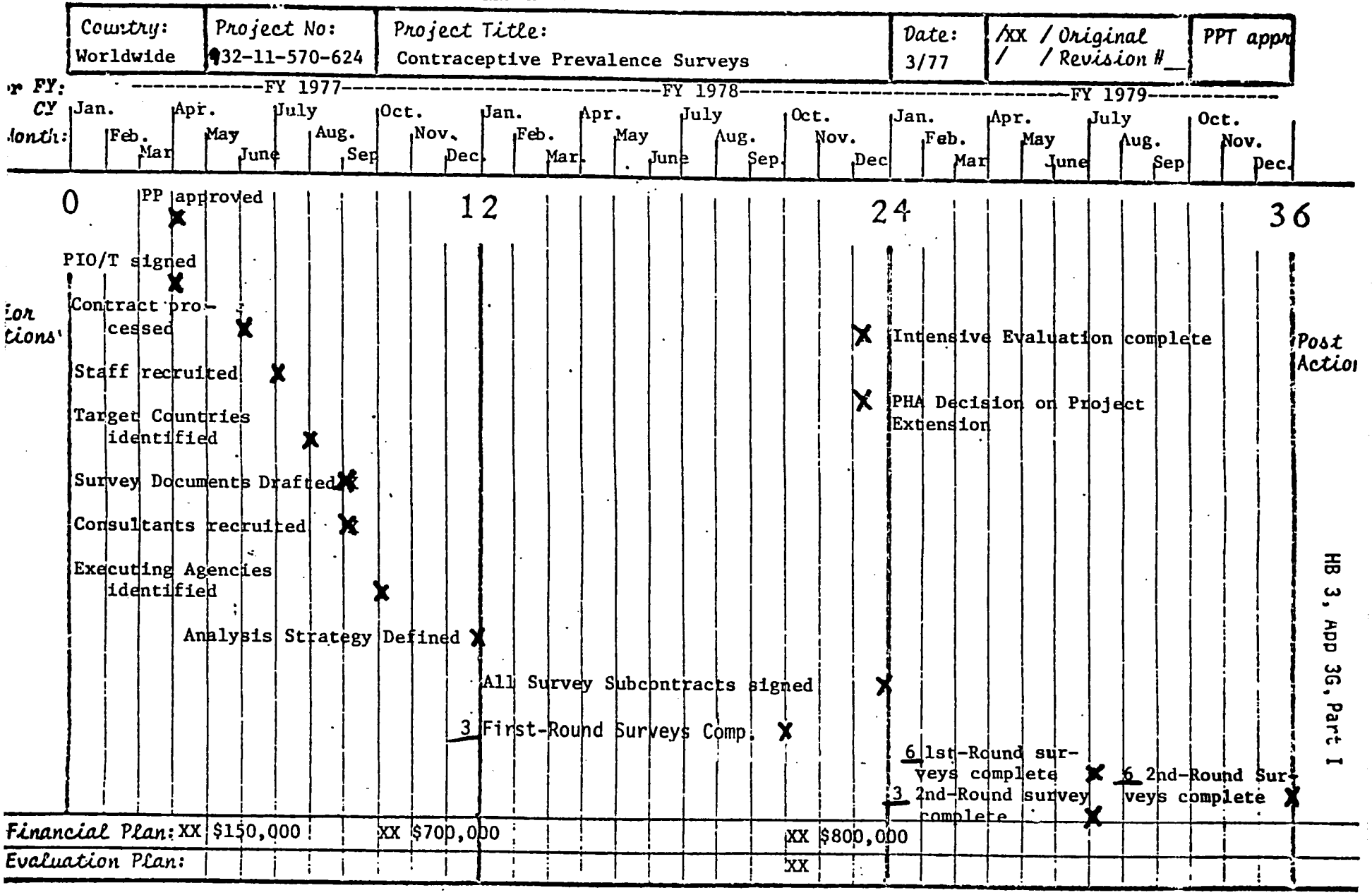
Project Title & Number: Contraceptive Prevalence Surveys: 932-11-570-624

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective to which this project contributes: (A-1) Collection and analysis of family planning data to a) provide evidence of the impact of family planning in LDC's, and a) assist family planning administrators in program design and implementation.	Measures of Goal Achievement: (A-2) 1. Continuous flow of demographic and family planning data available to document fertility changes due to family planning. 2. Available data employed by LDC officials for program design and management.	(A-3) Census information, vital statistics, fertility and family planning surveys. Impact studies. Sector assessments, DAP's, etc.	Assumptions for achieving goal targets: (A-4) 1. Administrators of family planning programs are interested in assessing program impact. 2. Inadequate understanding of population characteristics continues to represent a major constraint to sound program mgmt.
Project Purpose: (B-1) To carry out repetitive sample surveys of contraceptive prevalence in several key LDC's and to publish the resulting data for use by LDC family planning administrators and by A.I.D.	Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2) 1. Prevalence survey data gathered and published for 5 - 6 key LDC's. 2. Data are utilized by LDC planners. 3. LDC's capable conducting future round prevalence surveys.	(B-3) Prevalence data collected and processed; final reports available. 2. Program planning or evaluation documents reflect substantive finding of project. 3. Collection and analysis of prevalence data continues after expiration of project.	Assumptions for achieving purpose: (B-4) 1. LDC's and A.I.D. need sound family planning data for effective mgmt. 2. Existing f.p. data inadequate. 3. Prevalence surveys can provide sound family planning data. 4. LDC's capable of executing prevalence surveys during and after this project.
Project Outputs. (C-1) 1. Prototype questionnaire and other survey documentation drafted and tested. 2. Participating countries identified and selected. 3. At least one round of prevalence surveys collected, analyzed and published.	Magnitude of Outputs: (C-2) 1. Questionnaire, sampling instructions, training manual, interviewer instructions, coding/processing instructions, ect. 2-3. 5 - 6 LDC's will be identified and surveyed.	(C-3) 1. Printed questionnaire and other survey documents. 2. Survey subcontracts negotiated and approved. 3. Final analysis reports published.	Assumptions for achieving outputs: (C-4) 1. AID/W and host country financial inputs adequate for proper project implementation. 2. 5 - 6 LDC's willing and able to participate in carrying repetitive prevalence surveys.
Project Inputs: (D-1)	Implementation Target (Type and Quantity) (D-2)	(D-3) Financial Reports.	Assumptions for providing inputs: (D-4) 1. Congressional appropriations permit programming AID/W funds at planned levels. 2. USAID's able to provide some logistical/financial support. 3. Participating LDC's able to pay part of local survey costs.

	FY 77 MM	FY 77 $000	FY 78 MM	FY 78 $000	FY 79 MM	FY 79 $000
I. AID/W (TOTAL)		150		700		800
Personnel(incl. Consultants)	35	80	72	157	72	157
Other Costs - Misc.		70		268		278
Other Costs - Survey Subc.		-		275		365
II. USAID Bilateral-Undetermined						
III. Host Countries-Estimate		100		100		150
IV. Other Donors-Undetermined						

PPT .M
(May be Expanded as Appropriate)

Country:	Project No:	Project Title:	Date:	/XX / Original / / Revision #__	PPT appr
Worldwide	932-11-570-624	Contraceptive Prevalence Surveys	3/77		



PROJECT PERFORMANCE NETWORK

HB 3, App 3G, Part I

ENVIRONMENTAL THRESHOLD DETERMINATION

TO: AA/PHA/, **Allan R. Furman, Acting**

FROM: PHA/POP, R.T. Ravenholt

SUBJ: Environmental Threshold Determination

Project Title: Contraceptive Prevalence Studies
Project #: 932-0624
Specific Activity (if applicable): _____
REFERENCE: Initial Environmental/Examination (IEE) contained in attached paper dated January 12, 1977

I recommend that you make the following determination:

XX 1. The proposed agency action is not a major Federal action which will have a significant effect on the human environment.

____ 2. The proposed agency action is a major Federal action which will have a significant effect on the human environment, and:

____ a. An Environmental Assessment is required; or

____ b. An Environmental Impact Statement is required.

The cost of and schedule for this requirement is fully described in the referenced document.

____ 3. Our environmental examination is not complete. We will submit the analysis no later than _____ with our recommendation for an environmental threshold decision.

Approved: _____

Disapproved: _____

Date: _____

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INITIAL ENVIRONMENTAL EXAMINATION

Project Location: U.S. contractor yet to be determined to work in developing countries to conduct contraceptive prevalence surveys.

Project Title: Contraceptive Prevalence Studies.

Funding: The Project Paper is to approve funding from FY 1977 through FY 1979 in the amount of $1,650,000.

IEE Prepared by: John V. Gelb Date: January 12, 1977

Environmental Action Recommended: It is recommended that this project receive a negative determination and that no additional environmental examinations be carried out on this project. This grant will provide funds in support of costs incurred for contraceptive prevalence surveys. As such, it falls within one of the categories of AID projects specifically cited as "by its general nature ordinarily has little or no effect on the environment and therefore usually does not require the preparation of an Environmental Assessment (or an Environmental Impact Statement)."

Assistant Administrator's Decision: Date:

Approved Apr 19, 1977

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Contents of the Initial Environmental Examination

I. Examination of the Nature, Scope and Magnitude of Environmental Impacts

Description of Project

The purpose of this project is to carry out repetitive sample surveys of contraceptive prevalence in some 5 - 10 developing countries with active public and/or private sector family planning programs, and to publish the resulting data for use by LDC family planning program administrators and by A.I.D. The project is created in answer to the need for more accurate and timely family planning data. Existing client record systems often suffer from serious delays in tabulation of records, duplicative definitions of "new acceptors," and/or simple exaggeration of program performance. Moreover, there is a critical need for improving measurement of family planning acceptance from the commercial and private sectors. Since PHA/POP is moving increasingly beyond clinics to community-based distribution systems to insure greater availability of both surgical and non-surgical means of contraception, it is urgent that we accurately measure the performance of these different programs.

We believe utilization of the sample survey technique provides the most accurate and efficient means for measuring family planning activity in both the public and private sectors simultaneously. By conducting prevalence surveys on a repetitive basis (e.g., semi-annually, annually, etc.), this project will generate a continuous flow of data that will provide a representative picture of family planning activity in several key LDCs.

IMPACT IDENTIFICATION AND EVALUATION FORM

Impact Areas and Sub-areas 1/	Impact Identification and Evaluation 2/
A. LAND USE	
1. Changing the character of the land through:	
a. Increasing the population	N
b. Extracting natural resources	N
c. Land clearing	N
d. Changing soil character	N
2. Altering natural defenses	N
3. Foreclosing important uses	N
4. Jeopardizing man or his works	N
5. Other factors	
_____	None
_____	_____
B. WATER QUALITY	
1. Physical state of water	N
2. Chemical and biological states	N
3. Ecological balance	N
4. Other factors	
_____	None
_____	_____

1/ See Explanatory Notes for this form.

2/ Use the following symbols:
- N - No environmental impact
- L - Little environmental impact
- M - Moderate environmental impact
- H - High environmental impact
- U - Unknown environmental impact

IMPACT IDENTIFICATION AND EVALUATION FORM

C. ATMOSPHERIC

1. Air additives ---------- N
2. Air pollution ---------- N
3. Noise pollution ---------- N
4. Other factors

_____ None

_____

D. NATURAL RESOURCES

1. Diversion, altered use of water ---------- N
2. Irreversible, inefficient commitments ---------- N
3. Other factors

_____ None

_____

E. CULTURAL

1. Altering physical symbols ---------- N
2. Dilution of cultural traditions ---------- L
3. Other factors

_____ None

_____

F. SOCIOECONOMIC

1. Changes in economic/employment patterns ---------- N
2. Changes in population ---------- N
3. Changes in cultural patterns ---------- L
4. Other factors

_____ None

_____

IMPACT IDENTIFICATION AND EVALUATION FORM

G. HEALTH

1. Changing a natural environment ---------- N
2. Eliminating an ecosystem element ---------- N
3. Other factors

_____ None

_____ _____

H. GENERAL

1. International impacts ---------- N
2. Controversial impacts ---------- N
3. Larger program impacts ---------- N
4. Other factors

_____ None

_____ _____

I. OTHER POSSIBLE IMPACTS (not listed above)

_____ None

_____ _____

_____ _____

See attached Discussion of Impacts.

II. Recommendation for Environmental Action

This project will not have a direct significant effect on the environment. Any indirect effects, such as would result from reduced fertility, on the environment will be addressed on a case-by-case basis in the individual USAID Mission bilateral family planning project approval documentation. Therefore, a negative determination is appropriate.

AIRGRAM

DEPARTMENT OF STATE

Unclassified
CLASSIFICATION

Annex A

450P
DATE REC'D.

For each address check one ACTION | INFO

30
DISTRIBUTION
ACTION

POP
INFO.
MP
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AFR 15
PPC
NE 15
PPC
4AISA 15
LA 16
8ASIA 4
TA/H

HEW
STATE

CHRON
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TO - AIDTO CIRCULAR A 490

Reissue 11-23 76

DATE SENT
~~8/18/76~~ 89-4-76

FROM - AID/Washington

SUBJECT - Measurement of Contraceptive Prevalence

REFERENCE -

Problem

During the past decade, A.I.D. has taken a leading role in providing technical and financial assistance to population and family planning programs throughout the world. Until recently, these family planning programs have been primarily clinic based, and measurement of acceptance has typically been accomplished by some form of computerized or hand-tabulated client record system.

However, in the last few years, there has been a move in many LDC's to expand family planning services beyond clinics by delivering contraceptives directly to the public through community-based distribution systems, household delivery systems, etc. A.I.D. and other assistance organizations also have attempted to stimulate acceptance of family planning through the commercial and private sectors in many LDC's.

This emphasis on full community and household availability of services also presents a new measurement problem. Existing client record systems are not designed to measure acceptance of contraception from all delivery modalities. Moreover, design problems in some client record systems have resulted in inaccuracies and/or delays in publication of acceptor data from the public sector.

New Project: "Contraceptive Prevalence Surveys"

In order to meet the need for accurate and timely measurement of public

DRAFTED BY	OFFICE	PHONE NO.	DATE	APPROVED BY:
Richard M. Cornelius RMC John E. Lawson, Jr. JL	PHA/POP/DEA	59692	8/18/76	PHA/POP, R. T. Ravenholt

AID AND OTHER CLEARANCES: NE/ME:NSweet (phone)
PHA/PROG, DMcMakin (phone) NE/NENA:JKnoll (info) PPC/DPRE, JWelty (phone)
AFR/CWA:DGriffith (phone) MP/DPC:WJFradenburg
AFR/ESA:OCylke (phone) ASIA/EA:SLittlefied (phone) AA/LA:AFunicello (draft)

Unclassified
CLASSIFICATION

AID-5-00 (11-66)

(Do not type below this line)

PRINTED 5-66

and private sector prevalence, a new centrally funded project—Contraceptive Prevalence Surveys—is planned for FY 1977. The purpose of this project will be to assist in carrying out repetitive (probably semi-annual) sample surveys of contraceptive use prevalence, availability, and knowledge. Surveys are to be designed to allow rapid tabulation and dissemination of results to family planning administrators.

The prime contractor for the project will be a U.S.-based firm (to be selected) whose role will be to negotiate survey subcontracts with designated host country organizations, and provide technical assistance at key stages of each survey. This project will provide for predominant funding of initial survey work, but emphasis will be placed on gradual technical and financial institutionalization of this activity.

Action Requested

U.S.A.I.D.'s are requested to provide comments and expressions of possible interest by September 30, 1976 with regard to the new FY 1977 project "Contraceptive Prevalence Surveys." The following are items you may wish to cover in your reply:

1. The interest of the host country in repetitive surveys of contraceptive prevalence, with rapid tabulation and dissemination of results; and the need for outside assistance in organizing such a survey project.

2. Indication of government or private research organizations with capability and interest in undertaking these repetitive surveys on an ongoing basis.

3. Summary of existing prevalence survey projects, if any

The project paper is currently being drafted and will be available on request when completed.

Note : This airgram is being sent to USAID/New Delhi for information only.

CABLE ROOM SEND TO: ROBINSON

ACTION

Accra	Dar es Salaam	Kingston	Nairobi	Seoul
Asuncion	Gaborone	Kinshasa	Panama City	Tegucigalpa
Bangkok	Guatemala City	Lima	Port-au-Prince	Tunis
Bogota	Islamabad	Managua	Rabat	
Cairo	Jakarta	Manila	San Jose	
Colombo	Kabul	Mexico City	San Salvador	
Dacca	Kathmandu	Monrovia	Santo Domingo	

INFO

Abidjan	Damascus
Addis Ababa	La Paz
Amman	Lagos
Ankara	New Delhi
Brasilia	Port Louis
Dakar	Sana

Additional Clearances continued from page 1

PHA/POP/ASIA-NENA: RGrant (draft)
EA/EAA: SLittlefield (phone)
ASIA/SA:LMHager (info)
NE/NENA:JKnoll (info)
NE/ME:Sweet (phone)
PHA/POP/AFR:CMiracle (draft)
AFR/ESA:OCylke (phone)
PHA/POP/LA:CJohnson (draft)
AA/LA:AFunciello (draft)
AFR/CWA:DGriffith (info)

9320624 (3)
PD-AAW-355-F1

5p

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT PAPER FACESHEET

1. TRANSACTION CODE: A (A = ADD, C = CHANGE, D = DELETE)

PP

2. DOCUMENT CODE: 3

3. COUNTRY/ENTITY: Interregional

4. DOCUMENT REVISION NUMBER: 1

5. PROJECT NUMBER (7 digits): 932-0624

6. BUREAU/OFFICE: A. SYMBOL: DSB; B. CODE: 36

7. PROJECT TITLE (Maximum 40 characters): Contraceptive Prevalence Studies II

8. ESTIMATED FY OF PROJECT COMPLETION: FY 84

9. ESTIMATED DATE OF OBLIGATION: A. INITIAL FY 79; B. QUARTER 4 (Enter 1, 2, 3, or 4); C. FINAL FY 83

10. ESTIMATED COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY B. FX	C. L/C	D. TOTAL	LIFE OF PROJECT E. FX	F. L/C	G. TOTAL
AID APPROPRIATED TOTAL	1,900		1,900	12,850		12,850
(GRANT)	(1,900)	( )	(1,900)	(12,850)	( )	(12,850)
(LOAN)	( )	( )	( )	( )	( )	( )
OTHER U.S. 1.						
OTHER U.S. 2.						
HOST COUNTRY						
OTHER DONOR(S)						
TOTALS						

11. PROPOSED BUDGET APPROPRIATED FUNDS ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE C. GRANT	D. LOAN	E. 1ST FY 79 F. GRANT	G. LOAN	H. 2ND FY 80 I. GRANT	J. LOAN	K. 3RD FY 81 L. GRANT	M. LOAN
(1) PN	410	410		1,900		2,500		2,650	
(2)									
(3)									
(4)									
TOTALS				1,900		2,500		2,650	

A. APPROPRIATION	N. 4TH FY 82 O. GRANT	P. LOAN	Q. 5TH FY 83 R. GRANT	S. LOAN	LIFE OF PROJECT T. GRANT	U. LOAN
(1)	2,800		3,000		12,850 a/	
(2)						
(3)						
(4)						
TOTALS	2,800		3,000		12,850 a/	

12. IN-DEPTH EVALUATION SCHEDULED: MM 06 YY 81

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET. (1 = NO, 2 = YES)

a/ Does not include funds $1,646,000 obligated during Phase I, under separate Project Paper during FY 1977 thru FY 1979.

14. ORIGINATING OFFICE CLEARANCE

SIGNATURE: [signature]

TITLE:

DATE SIGNED: MM 06 DD 11 YY 79

15. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

AID 1330-4 (3-78)

JUL 17 7 43 AM '79

EXECUTIVE SECRETARIAT

DEPUTY

JUL 16 1979

ACTION MEMORANDUM FOR THE ACTING/ADMINISTRATOR

THRU: ES

~~THRU: DAA/PPC, Charles Paolillo~~

FROM: AA/DS, Sander Levin

Problem: To obtain approval for the five-year Contraceptive Prevalence Studies II project (932-0624) at a cost not to exceed $12,850,000.

Discussion: The Contraceptive Prevalence Studies (CPS) is a 27-month project which began on October 1, 1977 for the purpose of carrying out repetitive sample surveys of contraceptive knowledge, availability, and use in approximately 5-6 LDCs with active public and/or private sector family planning programs.

CPS was created in answer to a widespread need for more accurate and timely family planning data. In most LDCs, service statistics provide an inadequate measure of public sector program activity, and give no indication of contraceptive use in the private sector. Therefore, the best means for collecting information on levels of contraceptive knowledge, availability and use is through carefully designed sample surveys which obtain necessary data directly from eligible women.

In practice, this approach has indeed proven very successful. In fact, country demand for contraceptive prevalence surveys is outstripping the project's capacity to provide assistance; as a result it was necessary to divert funds intended for two second-round CPS surveys to allow completion of additional first-round surveys, bringing the total number of participating LDCs to eight.

This project already has yielded a great deal of high quality policy relevant data. In Costa Rica, CPS survey findings are being utilized at the highest levels for assessing Costa Rica's population policy. Similarly, Mexican CPS findings recently were presented to President Lopez-Portillo during a special briefing on population policy and strategy. We also know that these data are being used by lower level program managers in these two countries. As CPS data from other participating countries (Thailand, Colombia, Bangladesh, South Korea, Tunisia, and Ecuador) emerge during 1979, we expect they will have a similar program impact.

The initial CPS project has amply demonstrated both the feasibility and usefulness of gathering high quality family planning data via contraceptive prevalence surveys. Moreover the CPS has shown that such surveys

can be done quickly enough (6-9 months) and cheaply enough (average cost of about $75,000) to enable their repetition at appropriate time intervals (e.g. every one, two, or perhaps three years). Implementation of follow-up surveys is also one of the best means for insuring institutionalization of a strong survey capability within host governments.

For these reasons, and in view of the substantial momentum evidenced by this project, we request authorization to expand the project to enable completion of a total of 60-70 contraceptive prevalence surveys in 25-30 LDCs by September 30, 1984. Additional project activities will include (1) further improvement of the model questionnaire, (2) further refinement of the model analysis plan, (3) a program of comparative analysis of CPS results.

Recommendation: That you approve this Project Paper and authorization of funds by signing the PAF, Part II.

Attachment

Clearances:

DS/POP/DEMO, JWBrackett _____ date 6/11/79
DS/DAA/HRD, SJoseph _____ date 7/11
LAC/DR, MBrackett _____ date
AFR/DR, CBelcher _____ date
NE/TECH, LKangas _____ date 6/22/79
ASIA/TR/HPN, SSinding _____ date 6/25/79
PPC/PDPR, B. Sidman _____ date
GC/TFHA, STisa _____ date 6/27
DS/PO, RSimpson _____ date 7/9/79
GC, MBall _____ date

DS/POP/DEMO/RMCornelius:dr:06/11/79

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS PART I

1. TRANSACTION CODE: A (A = ADD, C = CHANGE, D = DELETE)

PAF

2. DOCUMENT CODE: 5

3. COUNTRY/ENTITY: Interregional

4. DOCUMENT REVISION NUMBER: 1

5. PROJECT NUMBER (7 digits): 932-0624

6. BUREAU/OFFICE: A. SYMBOL: DSB; B. CODE: 36

7. PROJECT TITLE (Maximum 40 characters): Contraceptive Prevalence Studies II

8. PROJECT APPROVAL DECISION — ACTION TAKEN: A (A = APPROVED, D = DISAPPROVED, DE = DEAUTHORIZED)

9. EST. PERIOD OF IMPLEMENTATION: YRS. 05 QTRS

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE C GRANT	PRIMARY TECH. CODE D LOAN	E. 1ST FY 79 F GRANT	E. 1ST FY 79 G. LOAN	H. 2ND FY 80 I GRANT	H. 2ND FY 80 J. LOAN	K. 3RD FY 81 L GRANT	K. 3RD FY 81 M. LOAN
(1) PN	410	410		1,900		2,500		2,650	
(2)									
(3)									
(4)									
TOTALS				1,900		2,500		2,650	

A. APPROPRIATION	N. 4TH FY 82 O. GRANT	N. 4TH FY 82 P. LOAN	Q. 5TH FY 83 R. GRANT	Q. 5TH FY 83 S. LOAN	LIFE OF PROJECT T GRANT	LIFE OF PROJECT U. LOAN
(1)	2,800		3,000		12,850 a/	
(2)						
(3)						
(4)						
TOTALS	2,800		3,000		12,850 a/	

11. PROJECT FUNDING AUTHORIZED (ENTER APPROPRIATE CODE(S)) 1 = LIFE OF PROJECT, 2 = INCREMENTAL, LIFE OF PROJECT: A. GRANT 2; B. LOAN

C. PROJECT FUNDING AUTHORIZED THRU FY 83

12. INITIAL PROJECT FUNDING ALLOTMENT REQUESTED ($000)

A. APPROPRIATION	B. ALLOTMENT REQUEST NO. C. GRANT	D. LOAN
(1) PN	1,900	
(2)		
(3)		
(4)		
TOTALS	1,900	

13. FUNDS RESERVED FOR ALLOTMENT

TYPED NAME (Chief, SER/FM/FSD)

SIGNATURE

DATE

14. SOURCE/ORIGIN OF GOODS AND SERVICES: ☐ 000 ☐ 941 ☐ LOCAL ☐ OTHER

15. FOR AMENDMENTS, NATURE OF CHANGE PROPOSED

a/ Does not include funds $1,646,000 obligated during Phase I, under separate Project Paper during FY 1977 thru FY 1979.

FOR PPC/PMAS USE ONLY	16. AUTHORIZING OFFICE SYMBOL	17. ACTION DATE MM DD YY	18. ACTION REFERENCE (Optional)	ACTION REFERENCE DATE MM DD YY

AID 1330-6 (7-70)

PROJECT AUTHORIZATION AND REQUEST
FOR ALLOTMENT OF FUNDS

PART II

Name of Country: Interregional

Name of Project: Contraceptive Prevalence Studies II

Number of Project: 932-0624

I hereby approve grant financing of not to exceed twelve million, eight hundred fifty thousand United States Dollars ($12,850,000) for the period FY 1979 thru FY 1983 to finance the project described in the attached Project Paper. Of the amount, I authorize funding in FY 1979 not to exceed one million nine hundred thousand United States Dollars ($1,900,000).

Acting Dep. Administrator

7/18/79
Date