

NONCAPITAL PROJECT PAPER (PROP)

19p

Country: World-wide Project No. 931-11-580-812

Submission Date: June 2, 1971 Original: April 26, 1971 Revision No. # 2

Project Title: International Postpartum Family Planning Program

U.S. Obligation Span: FY 1968 through 1973

Physical Implementation Span: Seven Years

Gross Life-of-Project Financial Requirements:

| | |
|--|---------------|
| U.S. Dollars..... | \$3,150,000 |
| Obligated to date (FY 1968 to FY 1970)..... | (\$1,250,000) |
| Additional requirement (FY 1971 to FY 1973)..... | (\$1,900,000) |

I. SUMMARY

This amendment revises the original PROP dated April 7, 1968, incorporating 1) additional background information, 2) a statement of objectives, 3) a description of the project's accomplishments and funding to date, and 4) an outline of the strategy and planned course of action, including a new budget for the remaining years of the project, which is extended to FY 1975.

II. BACKGROUND

The Population Council is a private, non-profit organization, hereafter referred to as the Council. In April 1966 the Council's International Postpartum Program commenced in 14 countries at 25 maternity hospitals, including seven hospitals in the United States, each admitting 3,000 or more maternity patients annually. All of these hospitals were prepared to provide family planning information and services and encourage their acceptance. Initial financing came from the Commonwealth Fund and the Rockefeller Foundation. The Council's Postpartum Program (excluding

India which is no longer a part of the Council's Postpartum Program) has grown to encompass 110 facilities, including 111 hospitals and clinics which receive financing provided by A.I.D.

In June 1967, A.I.D. concluded a research contract (csd-1565) with the Council in the amount of \$300,000 to collect, collate, analyze and present data from 10 of the then 25 hospitals covering all obstetrical patients.

On May 20, 1968, A.I.D. provided grant aid support for a second phase of the Postpartum Program by approving the technical assistance project with which this PROP is concerned (csd-2155). Other technical assistance input support from A.I.D. for this important large-scale and comprehensive family planning effort were the: Latin America grant (la-550), with projects in Venezuela, Colombia, Honduras, and Chile; and the Near East and South Asia grant (resa-301), which extended the Postpartum Program widely throughout India. The assistance provided by A.I.D. for these last two grants has totaled \$1,064,000 in Latin America and \$100,000 (plus large inputs of local currency) in India. The two regional grants were designed to take the postpartum demonstration efforts of the Council's world-wide grant and expand them throughout a specific country when this course seemed desirable. The centrally financed grant (csd-2155) was designed to initiate and establish new postpartum efforts and to provide continuing support to participating hospitals in other eligible less developed countries. This effort has tended to be concentrated in East Asia, Africa, and the Near East.

III. OBJECTIVES

The Council's stated aims of the Postpartum Program are:

1. To provide family planning information and services

to women before and soon after the termination of pregnancy, when it is assumed they will be most amenable to accepting family planning services;

2. To introduce family planning services to populations which have hitherto been unserved; and

3. Through the above, to demonstrate the acceptability^{and effectiveness} of contraception to large groups of people.

Recognition of the increasingly serious problems of rapid population growth and their importance in relation to social and economic development, as well as human dignity, has resulted in a growing need to induce married couples of reproductive age to plan the number and spacing of their children. As presently designed, national programs of family planning focus rather broadly on women in the child-bearing years. They tend to be general in their appeals, using home visits, meetings, and mass media. The Postpartum Family Planning program is more sharply focussed on that important group of fertile women where pregnancy termination is institutionalized in a hospital or clinic. During or just after pregnancy women are usually highly motivated and are accessible for participation in a contraception program. Providing family planning education and services during the lying-in period or the subsequent postpartum weeks is not new in the private sector of medicine, or even in some public wards, but this approach to contraception had largely been denied to women of low income families in the less developed countries.

By building centers of experience with the postpartum approach to fertility control and demonstrating public receptivity to the extension of family planning services, it is expected that these nuclei will encourage large official programs to be launched in the LDCs. Thus, the ultimate objective when the Postpartum family planning clinics are well

established and operating successfully is to have the postpartum activity picked up and continued by the respective country government and local institutions, even though outside assistance may continue to be required for some time to supplement local resources.

IV. ACCOMPLISHMENTS

To date under csd-2155, 55 hospitals and 6 maternal and child health (MCH) clinics in 7 Asian and African countries have been assisted by the Council in the establishment of Postpartum family planning services. The tremendous response of obstetrical (OB) and abortion (AB) patients and non-patients at Khon Kaen provincial hospital and at Khon Kaen and Yala MCH centers in Thailand and at Kwun Tang hospital in Hong Kong provides tangible evidence that the Postpartum Program technical assistance project has demonstrated its value. In these communities, family planning acceptors have exceeded 100 percent of the total ^{OB/AB} caseloads at these facilities when out-patient acceptors are counted.

Under the Council's total Postpartum Program, as it increased over the four years since the inception of the program in 1966, more than 600,000 maternity patients (abortion and obstetrical cases and others) were reported as family planning acceptors. This was roughly one-third of the total OB/AB caseload (1.9 million cases) in the 116 reporting facilities. Increasingly also they were using a broadening range of contraceptive methods. Successful experience with immediate postpartum insertion of IUDs (i.e., before the patient leaves the hospital, ordinarily the fourth day after delivery) has substantially increased the number of direct acceptors and accounted for 25 percent of all acceptors in postpartum projects in Thailand and 39 percent in Indonesia in 1970. The number of indirect acceptors (patients who accept family planning services more than three months after leaving the hospital, or non-patients living in the

area) has sometimes substantially exceeded the number of direct acceptors, e.g., at participating facilities in Iran, Ghana and parts of Thailand and Nigeria.

1. Thailand. The Postpartum Program in Thailand began in 1966 with an emphasis on IUD insertions. Oral contraceptives were added more recently. Now loops and pills are about equal in methods of contraception used. New acceptors at participating facilities total about 4,000 each month and the activities have moved out to all provinces. Acceptance rates of 40 and 60 percent are reported by two of the four assisted hospitals in Bangkok. When out-patient acceptors are included, acceptors exceed the total official OB/AB hospital caseloads at one rural maternity hospital and at two rural MCH centers. Some 2,000 well-trained young midwives working throughout the country are carrying on excellent educational activities. The Council's training aids for Thai projects have become examples for similar postpartum training activities in other countries. Council-assisted postpartum family planning clinics are now operating in 12 hospitals and 3 MCH centers in Thailand. The inclusion of MCH centers has already proven its value. The 1971 national budget for the first time will include money for family planning. This is expected to promote further extension of the postpartum concept for family planning.

2. Indonesia. A favorable governmental policy toward family planning is coupled with the absence of any organized objection on religious grounds. The Council's Postpartum Program began operation in 1968 in 6 hospitals. Following unsuccessful efforts of an unwieldy inter-ministerial organization to provide effective direction, a new and smaller National Family Planning Coordinating Board has expanded the Postpartum Program to 26

urban hospitals mostly throughout heavily populated Java. Postpartum Program acceptors in 1970 numbered 12,000 for an acceptor rate of 36 percent with 8,000 acceptors preferring IUDs. The present concentration of contraceptive activities, including training components, is considered for the time being to be making the best use of limited medical and paramedical resources. In the future, nurses as well as doctors will insert IUDs which will increase the acceptor rate.

3. Philippines. Expanded Postpartum Program activities in Manila at two hospital clinics associated with the University of the Philippines College of Medicine account for about 800 new acceptors monthly. This effort has yielded a reported acceptor rate of 36 percent, with the greatest number of acceptors at Philippine General Hospital receiving IUDs before discharge. At Fabella Memorial Hospital in the congested Tondo district, the IUD insertion category accounted for four out of five acceptors in 1970.

The Postpartum Program in the Philippines benefits from the support given to family planning by President and Mrs. Marcos. Energetic educational efforts are planned to help overcome ignorance and superstition concerning conception and pregnancy.

4. Hong Kong. The Council's Postpartum Program has helped to reduce the crude birth rate, which has dropped from 35 per 1,000 population in 1961 to 20 per 1,000 population in 1970. It accounted for 13,000 acceptors reported in 1970, a third of the OB/AB caseload in the respective hospitals. In the beginning, IUDs were used exclusively. After 1967 the method used shifted sharply from a preference for IUDs to more than 50 percent for pills and 35 percent for sterilization.

5. Iran. The Council's Postpartum Program at the Farah Maternity Hospital, the largest maternity hospital in Iran, operates directly under the patronage and active supervision of Queen Farah. The expansion of the program to several additional hospitals was planned but this has not materialized. Approximately 80 percent of the acceptors are electing to use oral contraceptives. Indirect acceptors outnumber direct acceptors by almost three to one. This is believed due to a very short lying-in period (roughly 3 hours) with a predictably inhibiting effect on the volume of direct acceptors (22 percent in 1970).

6. Ghana. The Council's Postpartum Program was introduced in 1968 at Korle Bu Maternity Hospital in Accra. It was slow getting under way but is now gaining momentum. The national family planning policy, promulgated in March 1969, is giving impetus to this development and should increase the acceptor rate, which for 1970 was only 10 percent of the OB/AB caseload. Expansion of the Postpartum Program to regional hospitals at Kumasi and Sekondi took place in mid-1970. The emphasis is on IUD insertions. Only 10 percent of the acceptors in the first six months of 1970 were using the oral contraceptive method; the next report is expected to reflect an increase.

7. Nigeria. The Council's Postpartum Program in Nigeria began in 1968 and is now operating in three hospitals. The four percent acceptor rate in 1970 at Lagos Island Maternity Hospital (the first year of operation) was disappointing. Several members of the Council's postpartum medical staff have worked with the hospital staff in Lagos to improve performance. At the University College Hospital at Ibadan the impact of the Postpartum Program on population growth is more substantial, with a 50 percent acceptor rate and over 90 percent of the acceptors selecting the IUD method.

V. FUNDING

A. Grantee Financing

The Council has financed the Postpartum Program in several developing countries from its own resources and in 1971 is continuing to do so in Mexico (four hospitals) and Brazil (one hospital). The Council discontinued its funding in the United Arab Republic and Pakistan in 1968, in Turkey and India in 1969, and in Chile in 1970. Until July 1968 the Council covered the costs of all headquarters and overseas personnel assigned to the Postpartum Program. It has also financed project site visits, certain items of equipment and various commodities such as IUDs and inserters. The Council reported spending \$718,000 from non-A.I.D. resources in the first two years on the Postpartum Program overseas and at participating facilities in the United States prior to obtaining A.I.D. assistance for the Technical Assistance Postpartum Family Planning Program.

The Council will continue to provide the salary and travel costs of the Postpartum Program Director and overseas staff, IUDs and inserters and certain auxiliary support. In 1971 and for the life of the project, this will involve expenditures totaling approximately \$200,000 annually, including continued assistance to facilities in Brazil and Mexico.

B. A.I.D. Financing

The original PROP for esd-2155 envisaged a three-year program totaling \$2,250,000 (FY 1968, \$500,000; FY 1969, \$750,000; and FY 1970, \$1,000,000). Actual obligations to date, however, have totaled only \$1,250,000 (FY 1968, \$500,000 and FY 1969, \$750,000).

Approximately 80 percent of the subgrantee budgets approved for A.I.D. funding under csd-2155 has consisted of financing for salaries of local medical and paramedical personnel, for work directly related to the conduct of the Postpartum Program. The personnel employed represent a variety of disciplines and are trained to perform the range of functions essential for family planning clinic operations, including counselling, follow-up, related administrative activities, training and evaluation. The remaining 20 percent of the subgrant budgets was used to supply additional contraceptives and other needed supplies and equipment/through the General Services Administration or as otherwise authorized.

The Postpartum Program will continue on the present accelerated basis under this extension. Since no additional A.I.D. funds were provided in FY 1970, this increased pace, which currently involves 61 hospitals and MCH clinics, has exhausted funding availabilities. Renewal of current subgrants and approval of additional subgrants and stepped up technical advisory services and training activities are now dependent upon the proposed new increment of funds being made available promptly to the Council under csd-2155 for this project.

Of the \$1,250,000 obligated to date under csd-2155, \$568,000 had been expended for subgrants and administrative overhead as of March 31, 1971, leaving an unliquidated balance of \$682,000. Of this balance, \$534,000 is firmly committed for approved subgrants and \$110,000 is reserved for overhead costs, leaving only \$38,000 for 1971 subgrants to extend Postpartum projects in Hong Kong (48,000) and Thailand at Chulalongkorn (\$32,000).

Additional funding is therefore a matter of urgency and would have been requested earlier except for the advisability of waiting for the completion of the Council's own study concerning the future of the Postpartum Program.

This revision reflects these conclusions and subsequent detailed discussions with the Council.

STRATEGY AND PLANNED COURSE OF ACTION

The Council does not intend to continue its Postpartum Family Planning Program indefinitely. However, it will sponsor and assist operations until national, World Health Organization (WHO) or other sponsors can take over. This shift will probably begin in Thailand and Indonesia in 1973. The Council has indicated that it plans to discontinue its Postpartum Program in 1975. Additional funding and technical services from outside sources will probably continue to be required for some years from other donors.

At the Council's and TA/POP's urging, WHO agreed at Geneva in July 1970 to sponsor postpartum activity world-wide. The supplemental resources for this effort are expected to be provided to WHO from the United Nations Fund for Population Activities (UNFPA). The Council's successful demonstration of the effectiveness of this type of program contributed to WHO's decision. To utilize the expertise developed by the Council, its first Postpartum Program Director, more recently its Special Representative in India for this purpose, has been loaned to WHO. This will help WHO develop the training of medical and paramedical personnel to assume responsibility for the development of a world-wide maternity-based family planning program. The Council has prepared and issued the first edition of an operating manual which is to be revised and reissued in 1972. The Council will be requested under this grant to prepare and submit a preliminary plan of proposed action by June 30, 1972 concerning the transfer of its responsibilities to WHO and/or national sponsors.

The rationale for continued A.I.D. financing of esd-2155 is to provide the Council the means to continue and improve the operations and management of the postpartum family planning program over the remaining years of the grant.

Arrangement will be made to give the Council increased authority to make sub-grants following periodic review and approval by TA/POP staff of proposals and

reports submitted by subgrantees. Accordingly, to provide more adequately for the requisite technical and advisory services, on-site reviews, local personnel and core program support, provision is made to charge the costs as indicated in the budget on page 15 to this grant. This core support staff will be used for technical assistance postpartum programs world-wide. The Council will finance the headquarters staff used for its research program, formerly financed in part under AID/csd-1565, and continue to finance a senior physician assigned to this project (see below) and its auxiliary field personnel as well as postpartum subgrants in Brazil and Mexico.

At its New York headquarters, the Council's core staff for the Technical Assistance Postpartum Program will consist of one physician (financed by the Council from non-A.I.D. funds) and 11 A.I.D.-financed staff members as follows: two physicians, a program administrator, an educational and training specialist, a statistician, two administrative assistants and four related secretarial and clerical support personnel.

The Council will establish a Project Management Group consisting of two senior physicians and the program administrator who will report directly to the Council's Director of Technical Assistance:

- a. A Staff Associate Physician, who will have full line responsibility and authority for providing the requisite technical and advisory services and training for the development of qualified and fully motivated medical and paramedical staff for work in subgrantee family planning clinics, the associated patient education and all effective means of fertility control, including contraceptives and related commodities.

b. A Staff Associate Physician, who will have full line responsibility and authority for the planning and evaluation of project-related assistance to participating family planning clinics for the purpose of achieving higher rates of family planning acceptors and the extension of similar programs broadly. The continued development of criteria to determine and make use of the ingredients for success and the related staff training, acceptor education and clinical activities will receive priority attention.

c. A Program Administrator, who will have full line responsibility and authority for postpartum family planning program administration; information, education and communications; training; and financial management.

The above "troika" will be supported by staff specialists as follows:

a. A Physician, who will report directly to the Program Administrator and have delegated responsibility and authority for assisting subgrantees to continue and improve postpartum services with emphasis on upgrading medical standards and practices relating to family planning.

b. An Education and Training Specialist, who will report directly to the Program Administrator and have delegated line responsibility and authority for the planning, implementation and evaluation of all project-related information, educational and training activities. He will work with subgrantees in these efforts to develop the local institutional and auxiliary support for broader public participation in family planning.

c. A Statistician who will report directly to the physician for planning and evaluation and have delegated line responsibility and authority for obtaining and analyzing clinical data and management and program information for the evaluation and development of technical assistance advisory services and training for subgrantee clinic.

d. An Administrative Assistant, who will report directly to the Program Administrator and have delegated line responsibility and authority for designing and implementing project management and financial information systems.

e. An Administrative Assistant, who will report directly to the Program Administrator and have delegated line responsibility and authority for project activities related to the provision and control of commodities (e.g., contraceptives, medical kits, clinical and office and other equipment and supplies) including their procurement and distribution to subgrantees. This administrative assistant will also be concerned with maintenance of project compliance on grant terms and related A.I.D. regulations and procedures.

f. Secretarial and clerical staff - the two senior physicians will each require the support of a full-time secretary and the Program Administrator and his staff will require two secretaries for the wide range of activities to be covered. These four secretaries will also assist with correspondence, follow-up on subgrantee reports and other non-technical administrative activities.

The personnel skills making up the core staff described above reflect the increased urgency attached to the technical assistance aspect of the post-partum family planning program, including the need to obtain and analyze clinical performance and related acceptors data. This staff includes three who have been working in this later capacity. Their salaries and allowances are covered under the research contract (csd-1565), which expires June 30, 1971.

The direct program support component will also cover local and international travel by Council officials directly concerned with project develop-

ent and problems related to implementation, including advisory services and evaluations. Visits will be made to participating subgrantee facilities twice annually to evaluate program and management activities. To improve local program performance and develop longer term program administration management capabilities, provision is also made for a series of regional conferences and seminars as required to bring together personnel actively involved in the Postpartum Program as well as interested personnel from countries in which the program may be introduced or extended. The object will be to enhance achievement of the purposes of the program.

Periodic evaluations of the progress achieved in the Postpartum Program are presented in the Council's semi-annual and annual reports. The Annual Progress Report 1970 dated March 31, 1971, provides 229 pages of text and tabulations based on periodic subgrantee reports: (1) semi-annually, including data on the age of mothers and the order of births (parity) for all maternity patients, for all acceptors by method of fertility control and for total OB/AD caseloads, and (2) monthly, on the method of contraception preferred by maternity patients in the wards. Supplemental home visits and sampling are used to ascertain the program's effectiveness. (Preliminary and unevaluated survey results under esd-1565 indicate that two years after acceptance roughly two-thirds of accepting women continue to use some method of contraception.) Site visits are made to ascertain the cause of widely varying acceptor rates at participating facilities and to advise on improvement techniques.

With an additional \$1,900,000 programmed for a three-year extension, the total cost of the project to A.I.D. is increased to \$3,150,000. In addition to the \$1,250,000 already obligated in prior years, the project provides \$1,000,000 in FY 1971, \$750,000 in FY 1972, and \$150,000 in FY 1973 to complete the project as planned. The funding plan for these amounts is as follows:

| | <u>FIRST YEAR</u> | <u>SECOND YEAR</u> | <u>THIRD YEAR</u> |
|--|--------------------|-------------------------------|-------------------|
| <u>TOTAL PROJECT COSTS</u> | <u>\$1,000,000</u> | <u>\$750,000^{1/}</u> | <u>\$150,000</u> |
| <u>Subgrants to participating hospitals:</u> | <u>445,000</u> | <u>417,000</u> | <u>100,000</u> |
| - personnel, travel, administrative costs, local commodities | 400,000 | 375,000 | 90,000 |
| - procurement and shipment of United States equipment, contraceptives and other supplies | 45,000 | 42,000 | 10,000 |
| <u>Direct program support costs:</u> | <u>467,000</u> | <u>268,000</u> | <u>37,000</u> |
| - professional and secretarial staff salaries and benefits | 377,000 | 188,000 | -- |
| - local and international travel | 50,000 | 25,000 | 25,000 |
| - regional meetings/seminars | 30,000 | 30,000 | -- |
| - evaluation survey, use of computer, reports and audit of subgrants | 10,000 | 25,000 | 12,000 |
| <u>Indirect administrative overhead costs</u> | <u>88,000</u> | <u>65,000</u> | <u>13,000</u> |

1/ The Latin America Bureau has programmed \$700,000 for the continuation of Postpartum Family Planning activities in Venezuela and Columbia and has recently indicated that it may make this amount available to csd-2155 in FY 1972 for this purpose and phase out LA-550.

As previously indicated, the \$1,000,000 in FY 1971 funds is urgently required for subgrants and program support costs. Funding for 50 participating facilities will amount to \$445,000 and in most cases will provide one-year extensions of current subgrants. Direct support costs provide (1) \$377,000 for two-years' funding of salaries and fringe benefits beginning July 1, 1971, through June 30, 1973, of 11 full-time postpartum personnel assigned to the Council's headquarters in New York as core staff for this project; (2) \$50,000 for local and international travel (other than that covered under overhead expenses); and (3) \$30,000 for local postpartum family planning seminars and regional conferences. U.S.-owned local currencies will continue to be used as already provided in the grant to finance local costs in "Excess" and "Near Excess" currency countries.

The \$750,000 required of A.I.D. in FY 1972 funds covers subgrants for approximately 40 Postpartum Program hospitals; core staff assigned full-time to the Postpartum Program from July 1, 1973, through June 30, 1974; travel for site visits; conferences; audit of subgrants; and ^{the} use of computers for evaluation purposes. Provision is also made for an outside evaluation of the experience and accomplishments of the Postpartum Family Planning Program by a highly qualified team of experts acceptable to the Council and A.I.D. The report of the team will include recommendations concerning the types of assistance and funds required during the final phase of the project and to facilitate transfer of the postpartum activities to the subsequent sponsors.

FY 1973 funds amounting to \$150,000 are required for subgrants to project completion, for travel and meetings related to the completion and transfer of projects to other sponsors and for printing costs related to the preparation and publication of the Council's final comprehensive report containing evaluations and recommendations concerning the Postpartum Program

as an approach to fertility control. This report is expected to be given wide distribution and to provide detailed guidance for the further development of postpartum family planning programs world-wide.

TA/POP/PGD, ^{FP}FParmelee/IBWalker:4/12/71; Revised 4/26/71, 5/28/71:

IBWalker.

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AD-

PROJECT AUTHORIZATION

| | | |
|--|---|------------------------------------|
| 1. PROJECT NUMBER 931-11-300-812 | 3. COUNTRY Technical Assistance Bureau | 4. AUTHORIZATION NUMBER 7A 0067 |
| 2. PROJECT TITLE International Postpartum Family Planning Program | | 5. AUTHORIZATION DATE 4/17/70 |
| 7. LIFE OF PROJECT | | 6. PROP DATED April 7, 1970 |

a. Number of Years of Funding: _____

Starting FY 19 _____ Terminal FY 19 _____

b. Estimated Duration of Physical Work

After Last Year of Funding (in Months): _____

| 8. FUNDING BY FISCAL YEAR (in U.S. \$ or \$ equivalent) | DOLLARS | | P.L. 480 CCC + FREIGHT | LOCAL CURRENCY Exchange Rate: \$1 = | | | |
|---|---------|------|---------------------------|--|------|--------------------|-------|
| | GRANT | LOAN | | U.S. OWNED | | HOST COUNTRY | |
| | | | | GRANT | LOAN | JOINTLY PROGRAMMED | OTHER |
| Prior through Actual FY 1969 | 1,250 | | | | | | |
| Operational FY 1970 | 750 | | | | | | |
| Budget FY 1971 | 750 | | | | | | |
| B + 1 FY | | | | | | | |
| B + 2 FY | | | | | | | |
| B + 3 FY | | | | | | | |
| All Subsequent FY's | | | | | | | |
| TOTAL | | | | | | | |

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

10. CONDITIONS OF APPROVAL OF PROJECT

(Use continuation sheet if necessary)

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

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

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

| A.I.D. APPROVAL | CLEARANCES | DATE |
|-----------------------------------|-----------------|---------|
| /s/ S.H. Butterfield SIGNATURE | Regional Bureau | 4/7/70 |
| | Levick | 4/10/70 |
| AA TITLE | ATE | A/CONT |

Apr 17, 1970

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

PROJECT AUTHORIZATION

| | | |
|---|---------------------------------|---|
| 1. PROJECT NUMBER 931-11-580-812 | 3. COUNTRY World-Wide | 4. AUTHORIZATION NUMBER 0067 |
| 2. PROJECT TITLE International Postpartum Family Planning Program | | 5. AUTHORIZATION DATE June 30, 1971 |
| 7. LIFE OF PROJECT | | |

a. Number of Years of Funding: 6
 Starting FY 19 68 Terminal FY 19 73

b. Estimated Duration of Physical Work
 After Last Year of Funding (in Months): 12

| FUNDING BY FISCAL YEAR (in U.S. \$ or \$ equivalent) | DOLLARS | | P.L. 480 CCC + FREIGHT | LOCAL CURRENCY | | | |
|--|------------------|------|---------------------------|----------------------|--|--------------------|-------|
| | GRANT | LOAN | | Exchange Rate: \$1 = | | HOST COUNTRY | |
| | | | | U.S. OWNED | | JOINTLY PROGRAMMED | OTHER |
| Prior through Actual FY 70 | 1,250,000 | | | | | | |
| Operational FY 71 | 1,000,000 | | | | | | |
| Budget FY 72 | 750,000 | | | | | | |
| B + 1 FY 73 | 150,000 | | | | | | |
| B + 2 FY | | | | | | | |
| B + 3 FY | | | | | | | |
| All Subsequent FY's | | | | | | | |
| TOTAL | 3,150,000 | | | | | | |

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

9. CONDITIONS OF APPROVAL OF PROJECT
 The draft PROP revision (No.1) was submitted to all Regional Bureaus April 12, 1971 for clearance. All Regions cleared the draft in substance. Africa asked that home visits and sampling be undertaken to confirm Form B data used in determining continuation rates. This is covered in the PROP. NESA asked that firm phase-out plans be developed at the Farah Maternity Hospital in Tehran, Iran, before A.I.D. approves an extension of the subgrant. The grant provides for the submission of a phase-out plan.

EA/TECH, J. Shafer, M.D. (phone) 4/14/71
 LA/PCD, G. Coleman (phone) 4/13/71
 AFR/ID, J. Prince, M.D. (phone) 4/13/71

VN/ND, E. Muniak (phone) 4/13/71
 NESA/OPP, R. Fitzmaurice (phone) 4/13/71

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

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

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

| | | | | | |
|--------------------------|--------------------------|------|---------------------|--------------------|------------|
| A.I.D. APPROVAL | SIGNATURE | | CLEARANCES | | DATE |
| | <i>S. H. Butterfield</i> | | TA/POP, IBWalker | <i>[Signature]</i> | 27 June 71 |
| | | | TA/POP, RTRavenholt | <i>[Signature]</i> | 27 June 71 |
| | AA/TA, S.H. Butterfield | | TA/PM, JHKearney | <i>[Signature]</i> | 29-4-71 |
| COORD/TA/PM, K.S. Levick | | | <i>[Signature]</i> | June 15, 1971 | |
| TITLE | | DATE | | | |