

I. PROJECT IDENTIFICATION

1. PROJECT TITLE <b>Population Problem-Solving - University Services Agreement (USA); The Johns Hopkins University Project No: 932-11-570-916</b>		APPENDIX ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
3. RECIPIENT (specify) <input type="checkbox"/> COUNTRY <u>Worldwide</u> <input type="checkbox"/> REGIONAL <input type="checkbox"/> INTERREGIONAL		2. PROJECT NO. (M.O. 1093.2) <b>932-11-570-916 24p</b>
4. LIFE OF PROJECT BEGINS FY <u>71</u> ENDS FY <u>78</u>		5. SUBMISSION <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> REV. NO. <u>1-10/2/75</u> CONTR./PASA NO.

II. FUNDING (\$300) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT (B) BUDGET	
1. PRIOR THRU ACTUAL FY	5 2163	443	114	110			1,720	2163	114			
2. OPRN FY 76	450	150	36				300	450	36			
3. BUDGET FY 76	150	37	9				123	150	9			
4. BUDGET +1 FY 77	450	150	36				300	450	36			
5. BUDGET +2 FY 78	600	150	36				450	600	36			
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	3813	980	231	110			2,893	3813	231			

9. OTHER DONOR CONTRIBUTIONS	(A) NAME OF DONOR <b>LDC's to be determined</b>	(B) KIND OF GOODS/SERVICES	(C) AMOUNT <b>3,813,000</b>
------------------------------	--	----------------------------	--------------------------------

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER <b>Joseph M. Loudis</b>	TITLE <b>Project Manager, PHA/POP/MI</b>	DATE <b>10/2/75</b>
2. CLEARANCE OFFICER <b>Gerald F. Winfield</b>	TITLE <b>Chief, PHA/POP/MI</b>	DATE

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

Approval is limited to obligations planned for FY 76 and the interim quarter. Obligations for Fiscal Years 77 and 78 are not to be incurred until PHA, PPC and TAB have carefully analyzed the feasibility of a merger of this project with the on-going 211d grant to the International Division of Health of Johns Hopkins University.

2. CLEARANCES					
BUR/OFF.	SIGNATURE	DATE	BUR/OFF	SIGNATURE	DATE
AA/PPC POP/LA	PBirnbaum CJohnson	10/2/75	TA/H POP/AFR	LMHoward CMiracle	12/1/75
PPC/DPRE POP/EA	JWelty CTerry	11/17/75	PHA/POP	NRavenholt ERBacklund	7 Nov 75 31 Oct 75
GC/TFHA POP/NESA	ARichstein RGrant	11/2/75	PHA/PRS	GGIlmore DMcMakin	31 Oct 75 11/23/75
3. APPROVAL AAS OR OFFICE DIRECTORS			4. APPROVAL AID (See M.O. 1025.1 VI C)		
SIGNATURE <b>Harriett Crowley</b>		DATE	SIGNATURE <b>Deputy Administrator</b>		DATE <b>12/1/75</b>
TITLE <b>AA/PHA (Acting)</b>			ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT <b>Deputy Administrator</b>		

NONCAPITAL PROJECT PAPER (PROP) REVISION

Country: Worldwide

Submission Date: October 1, 1975

Project Title: Population Problem Solving; University Services Agreement  
The Johns Hopkins University Project No. 932-11-570-916

U.S. Obligation Span: FY 1971-78

Physical Implementation Span: FY 1972 - FY 1978

Gross Life of Project Requirements: \$3,813,000

I. Summary Description:

As indicated in the FY 1976 Congressional Presentation, the grant is scheduled for final obligation in FY 1978.

The project was evaluated extensively in FY 1975. In addition, annual evaluations and program reviews have addressed the need to continue the USA grant mechanism from the standpoint of:

- (1) effective utility of AID's standing resources;
- (2) AID budgetary resources and fiscal constraints; and,
- (3) AID/USAID family planning program priorities.

Our assessment of the efficacy of the overall program, supports retention of the USA mechanism and recommends continuance of Johns Hopkins project activities through FY 1978.

The supporting evidence is based on the changing nature of LDC population/family planning programs and the emergence of new sets of problems that require solution. First, the rapid expansion of many LDC programs has precipitated new operational problems which reappear

---

References: Original PROP approved 2/22/72  
AID Evaluation Report, dtd. 11/12/74

with increasing frequency. Second, the effectiveness of many LDC programs is seriously diminished by an inability to solve problems that interfere with the planned integration of Family Planning/health programs and the effective delivery of FP/health services.

Third, LDC institutions find considerable difficulty in utilizing interventions for improving FP programs and for sustaining these improvements without generating additional problems that could not have been anticipated and/or resolved in earlier stages of program implementation. In short, there is still a considerable number of discrete, specific, small scale population family planning problems that inhibit action programs and interfere with the delivery of effective services for LDC majorities.

On the other side, we see in the USA's a tested mechanism for quickly and efficiently solving LDC problems and for following up these problems to minimize their reoccurrence. Historically, this has been the case. Johns Hopkins in particular has demonstrated a high degree of flexibility in responding to LDC, AID and USAID family planning priorities and has implemented several institution-building and problem-solving activities with a wide variety of LDC collaborators in the private and public sectors.

The AID intent now is to concentrate University/LDC collaboration on operations-oriented research, intervention and delivery problems identified by LDC/USAID correspondents and by AID as being critical to the effective improvement of indigenous capabilities to plan, implement and evaluate their own population/family planning programs and

integrated health delivery services.

This represents a considerable departure from the present grant agreement. Beginning FY 1976, the revised grant would rule out long-term (three to five year) LDC institution-building and staff development assistance and concentrate on collaborating with select LDC institutions and agencies in solving discrete problems that have a consequential relevance to the well being of people including the poor and concomitantly to the maturation of LDC service delivery capabilities.

While the revised grant envisions continued US/LDC collaboration for solving population/family planning problems, the Agreement, in accordance with the FY 1975 evaluation would additionally require USAID's and LDC's to identify problems that heretofore were selected by the intended collaborating institutions. This has been found acceptable by the grantee and AID for it more appropriately identifies sector and regional problems that may be less evident to the visiting USA consultant and to the day-to-day LDC program administrator. Thus, USAID's assistance in identifying LDC problems will provide a more substantive basis for requesting the LDC/US counterparts to further explore the problem(s) and upon concurrence of all parties, become further involved in developing proposals and activating approved subprojects.

During the life of the revised grant, we expect that a maximum of four to six subprojects will be implemented. Each will be implemented and evaluated according to its own Project Logical Framework and will follow the operational guidelines embodied in the present and revised University Services Agreement.

A. Program Goal

1. Goal Statement: The program goal is to assist LDC's to institute more effective population/family planning programs for helping their people including their poorest majorities attain more manageable family size and achieve a higher quality of life.
2. Measurement of Goal Achievement: Reduced family size and higher living standards could not be measureably attributed to any individual assistance project. What may be measured is the impetus generated from expanding FP/Health services and activating new P/FP programs that restrain population growth. It is expected that increased accessibility to FP/health services will yield quantifiable changes in FP acceptor and continuation rates and fertility management behaviour. These will serve as indicators of population, health and social trends.
3. Assumptions about Goal Achievement
  - 3.1 LDC leaders in Population/Family Planning programs identified major P/FP problems and are setting priorities for their resolution;
  - 3.2 Development of indigenous capabilities for increasing the effectiveness of P/FP Health Programs is given highest priority;
  - 3.3 LDC linkages with appropriate U.S. institutions are favored for developing more effective P/FP programs and services.

## B. Statement of Project Purposes

1. The Purpose: is to increase the abilities of LDC institutions to solve problems that impact on the effectiveness of P/FP programs and services delivery to significant parts of the population including the poor.
2. Conditions Expected at the End of Project:
  - 2.1 LDC institutions are effectively contributing to solving P/FP problems that affect significant majorities.
  - 2.2 LDC institutions have advanced their ability to implement and evaluate their own Population and service delivery programs without continued donor assistance.
  - 2.3 Demonstration, information, communication and service programs initiated by assisted LDC institutions are replicated and/or integrated in national FP/Health Programs.
  - 2.4 Improved social attitudes - coupled with increased acceptance of fertility management practices are evident at all levels of society.

## C. Assumptions for Achieving Purpose:

1. Cooperative involvement in solving LDC problems will improve LDC capabilities to respond to P/FP needs in their own environment.
2. Counterpart LDC institutions will appropriately use U.S. University (JHU) resources to implement more effective P/FP activities for the poorest majorities.
3. LDC's are committed to further develop, support and draw upon their own resources as institutional capabilities improve and donor assistance phases down.

C. Project Outputs1. Kind of Outputs(a) The Johns Hopkins University

P/FP Programs Assisted in priority LDC's

Cooperative work (Subproject) proposals developed with participating LDC institutions.

Collaborative Problem-Solving Subprojects Implemented.

Courses Taught to maintain supply of qualified personnel to serve international FP/Health programs.

(b) The LDC Institution(s)

Indigenous FP Health services expanded and functionally improved.

Indigenous research and training programs developed.

2. Output Indicators\*

On-going FP research, technical and training data shared with select LDC institutions; short-term advisory assistance provided LDC, USAID and AID FP programs as required.

Subproject proposals developed with 3-4 LDC institutions to collaboratively develop more effective research, training and service delivery programs within LDC capabilities.

Cooperating (JHU/LDC) institutions jointly design, implement and evaluate up to eight (8) short-term subprojects aimed at answering LDC FP program or policy questions and/or solving FP operations and service delivery problems.

Two P/FP health courses taught LDC, International and U.S. graduate students per year.

Integrated FP/Health services expanded by 3-4 cooperating institutions.

Cooperating LDC institutions establish service linkages with regional and local health agencies.

JHU assisted institutions are producing trained manpower for planning, implementing and evaluating their own P/FP programs.

\*See Grantee Inputs/Man Month Requirements page 7 for estimated work loads.

3. Basic Assumptions about Production of Outputs

a. The Johns Hopkins University Population Center will:

- (1) Exercise continued leadership within the School of Public Health and other JHU schools and departments to provide graduate teaching, advisory services and technical assistance commensurate with LDC and International P/FP needs;
- (2) Continuously develop and improve its management and evaluation capabilities for implementing LDC subproject activities.
- (3) Maintain and provide effective leadership for solving LDC P/FP problems and accelerating development of LDC institutions.
- (4) Maintain LDC institutional linkages following phase-out of AID assistance.

b. LDC institutions - will:

- (1) Accept U.S. University collaboration for solving P/FP research, policy and service delivery problems;
- (2) Provide financial, personnel and other resources for supporting jointly-planned subprojects; will assume responsibility for continuing the functions developed through these sub-projects and will maintain professional linkages with U.S. institutions after AID support ends.

D. Project Inputs1. Kind of InputsA.I.D.

## a. Grant Funding

(1) Subproject Funds<sup>1/</sup>(2) Core funds<sup>2/</sup>

## b. Advisory Services

## c. Program Monitoring

d. Review progress reports; annual work plans; performance evaluations and subproject proposals.

Grantee

## a. Staff Services

(1) Subproject Activities:

2. Magnitude of Inputs

a. Approximately 1.8 millions covering total three years (FY 1976-78) of project.

Annual input: 450,000 pa

(1) Approximately \$450,000 pa

(2) Approximately \$150,000 pa

## b. Minor

c. Program monitor in direct liaison with JHU staff and field personnel

d. Staff time (as needed)

Each individual subproject - funded under a separate PIO/T<sup>1/</sup> will quantify grantee (and LDC) inputs for each subproject.

Basically, each subproject requires a Principal Investigator, LDC co-investigator, consultant, technician services, some backstopping support and limited equipment and supplies.

During FY 76-78 the grantee is expected to complete four to six short-term subprojects.

<sup>1/</sup> Subproject funds are independent of Core funds. Each AID-approved subproject is funded as a separate entity through a PIO/T amendment to the Grant Agreement. Since each subproject has a definite starting and completion date, funds may be obligated to cover activities budgeted for this time period only. Total funds that may be made available for subprojects will not exceed \$450,000 each year.

<sup>2/</sup> Core outputs are funded annually at approximately \$150,000 per year.

Approximately 19 professionals; 36 mm services pa through FY 1978:

(2) Core Activities:

(a) Provide administrative/supervisory services for managing the USA Grant and all on-going subprojects; prepare annual workplans, budgets, project and fiscal reports and participate in AID reviews and evaluations.

Chief Administrator (1)  
 Administrative Ass't. (1)  
 Professors (7)  
 Associate Professors (2)  
 Assistant Professors (3)  
 Research Associates (2)  
 Computer Programmer (1)  
 Secretaries (2)  
19

(b) Perform on-campus teaching functions supportive of the University's existing P/FP health programs for international, LDC and U.S. students.

(c) Respond to LDC, Mission and AID requests for short term problem-solving assistance and for developing LDC subprojects endorsed by AID.

Short-term professionals needed; utilizing above Core personnel.

b. Advisory Services:

advise, report and inform AID and other agencies requesting information on new techniques and developments relating to P/FP programs.

Core professionals as needed.

c. Facilities

As needed to meet Core and subproject requirements.

LDC

a. Provide counterpart personnel, facilities, equipment and limited logistic support for all jointly-planned subprojects.

LDC contribution will approximate 35 per cent of the AID assistance for each subproject.

3. AID Funding Implications (x5000)

	-TOTAL	FY 76	IQ	FY 77	FY 78
Months of Funding	39	12	3	12	12
TOTAL BUDGET	1,650	450	150	450	600
a. Subprojects	1,150	300	123	300	450
b. Core Support	500	150	37	150	150

4. Grantee Inputs by Man Month Requirements:

Grantee Input: Annual Staff Requirements

Man Months Required

	Estimated Work Load	Profess. Staff	Sec'y7 & Clerical	Admin. & Mngment	Total	%M/M
<u>Subproject Outputs</u> 1/						
Subprojects Implemented	2 LDC proj./yr.	20.0	12.0	2.0	32.0	100%
<u>Core Outputs</u> 2/						
LDC FP Programs Assisted	8-10 TA meetings	5.0	2.0	-	7.0	20
LDC Proposals Developed	2-3 per year	4.0	4.0	2.0	10.0	27
Courses Taught	2 per year	10.0	1.0	1.0	12.0	33
General Management	Opns/Prog. Coord.	-	3.0	4.0	7.0	20
		<u>19.0</u>	<u>10.0</u>	<u>7.0</u>	<u>36.0</u>	<u>100%</u>

1/ Subproject (Output) funds are independent of Core funds. Each AID-approved subproject is funded as a separate entity through a PIO/T amendment to the Grant Agreement. Since each subproject has a definite starting and completion, funds may be obligated to cover activities for subprojects will not exceed \$450,000 each year.

2/ Core outputs are funded annually at approximately \$150,000 per year.

D. Project Inputs - Continued

5. Breakdown of Estimated Budgets for Subproject Support and CORE Support through FY 1978

ITEM	Estimated FY 76	Estimated IQ	Estimated FY 77	Estimated FY 78	Subtotals FY 76-78	Project Total FY 1976-78
a. LDC Subproject Support:						
AID Obligation: <u>1/</u>	300	123	\$300	\$ 450		\$ 1,173
LDC Obligation: <u>2/</u>	(157)	(39)	(157)	(157)		(510)
b. <u>Core Support</u>						
Salaries/Wages:	\$76,287	19,072	\$80,091	84,095	\$ 259,545	
Chief Administrator (1)	(19/36mm)		(19/36mm)	(19/36mm)		
Administrative Asst. (1)						
Professors (7)						
Associate Professor (2)						
Assistant Professor (3)						
Research Associates (2)						
Computer Programmer (1)						
Secretaries (2)						
19 (36mm)						
Core Fringe: (15%)	11,443	2,861	12,013	12,614	38,931	
Core Overhead: (38% TDC)	40,650	10,163	42,314	43,680	136,807	
International Travel	9,007	2,250	9,000	8,715	28,965	
Local Travel	1,500	375	1,500	1,500	4,875	
Consultants	500	125	500	500	1,625	
Equipment/Supplies & Rentals	8,250	2,063	8,250	8,250	26,813	
Core Totals	\$147,630	\$36,909	\$153,668	\$159,354	\$497,561	\$1,670,561

1/ Covers U.S. salaries/wages; principal investigator, short-term consultants, university backstop personnel, fringe, off campus overhead, travel, per diem and equipment, supplies up to a maximum of \$75,000 per year. (Subprojects do not exceed \$75,000 per year and three (3) years in length)

2/ Covers approximately 35% of AID obligation. Includes local salaries/wages: LDC counterpart personnel, local travel, per diem, limited logistics support, equipment & supplies for each year of project activities.

## D. Project Inputs (cont'd.)

6. Input Specifications:a. Core Support

Core support is designed to permit the institution manage the Agreement, maintain a nucleus of teaching professionals, provide short-term technical assistance and advice to LDC, USAID and AID population/family planning programs, and to develop proposals for new subprojects under the Agreement.

b. Subproject Support

Subproject support is designed to permit the the U.S. grantee institution to undertake small scale, short duration innovative test projects or surveys that will have a positive, tangible and direct impact on solving LDC Population/family planning problems.

Each subproject will:

- (1) not exceed three years in length or \$75,000 of AID funded inputs per year;
- (2) be limited principally to problem-solving activities in collaboration with LDC institutions or agencies;
- (3) be restricted to priority LDC's and geographical areas approved by AID;
- (4) require inclusion of a Project Logical Framework in draft or final subproject proposals;
- (5) require approval of the PHA POP/Research Division for all non-country specific operations and biomedical research proposals. Such proposals shall be developed in close cooperation with the AID PHA/POP/Research Division and shall follow the Guidelines for Submission of Research Proposals to the Office of Population of the Agency for International Development; published October 1972 as amended.

For subprojects that are developed collaboratively with LDC governments, institutions, agencies, etc., the procedural steps for project development require the U.S. university to do the following:

- (1) obtain PHA/POP/MI travel approval to visit specific countries;
- (2) while in country, obtain from LDC sources a statement of population/family planning priority needs in the general area in which the USA grantee intends to develop collaborative proposals.<sup>1/</sup>

---

<sup>1/</sup> The LDC source(s) may be an education/research institution, a Ministry or national government, a state government, a private agency or other agency known to and concurred by the respective USAID or Embassy as being competent to speak for the LDC in areas related to the country's population/family planning efforts.

## D. Project Inputs (cont'd.)

## 6. Input Specifications - Subproject support

- (3) develop a summary statement showing what is being done in relation to priority needs by LDC institutions and outside assistance agencies;
- (4) develop jointly with the LDC a project proposal (draft) describing the activity and the extent to which LDC personnel, funds, administrative support and/or financial or in-kind inputs will be used in implementation. (The LDC input should not be less than 35% of the AID input per year).
- (5) during the LDC visit, obtain USAID Mission concurrence for the project prior to submission to AID;
- (6) submit the draft proposal through AID/PHA/POP for review and approval. (See published Guidelines referenced above). Following approval, AID will fund the project by amending the USA Agreement with specific conditions precedent to disbursement as necessary.<sup>1/</sup>
- (7) enter into formal negotiations with LDC representatives to reach agreement to insure project meets any conditions precedent to disbursement within the time allowed; and
- (8) certify to AID that conditions precedent have been met.

---

<sup>1/</sup> No binding commitments to any person or institutional representatives in the LDC or U.S. regarding approval of the project should be made until AID approves and obligates the funds;

E. Basic Assumptions about Management of Inputs

1. The Johns Hopkins University will:
  - a. maintain administrative and management services to facilitate smooth implementation of project development, implementation and evaluation;
  - b. maintain and provide adequate research and training facilities and staff personnel for sustaining instructional capabilities and solving LDC/FP problems;
  - c. ensure that neither Core nor Subproject monies shall be used to pay:
    - (1) special fees or incentives to women to coerce or motivate them to have abortions;
    - (2) medical health or health practitioners for their services in performing abortions;
    - (3) for information, communication and communication activities designed to motivate women to practice abortion as a method of family planning; and/or
    - (4) any costs involved in initiating or expanding the abortion component in clinics where Ob/Gyn physicians may be taught.
  - d. assure the provision of equal opportunities for women and minority groups to achieve professional positions in activities funded by this grant.
2. The participating LDC institution will provide and manage its own funds for supporting jointly-planned subprojects.
3. AID will continue to review proposals, operational work plans, research protocols and subproject reports to assure that implementation efforts and time schedules are commensurate with AID program objectives and levels of funding.

## E. Rationale

This project, as authorized in the original PROP has been administered by the Johns Hopkins University Population Center. During these four-plus years, JHU has focused predominantly on biomedical, clinical, demographic research and evaluation problems.

Thus far seventeen problem-solving subprojects have been implemented. These have served as a major source of support to AID in its population assistance efforts and more particularly in improving the effectiveness of LDC programs.

During FY 1975, an extensive evaluation of the program was carried out. It concluded that the subproject and Core activities supported by this grant have been of high quality and clear relevance to LDC population/family planning programs.

Over the past years, the project has proved its value as one of AID's most effective mechanisms for responding quickly and efficiently to the solution of LDC P/FP problems.

Moreover, the expertise and experience of the JHU staff represents an invaluable resource which AID and USAID's draw upon to fulfill their technical assistance needs.

The emergence of new sets of new problems concerned with LDC program operations and services indicate a continued need for short-term problem solving assistance. The solution of such problems would improve the effectiveness of LDC programs and supplement AID/USAID efforts to improve LDC FP services. This additionally justifies the continuation of this project.

The project goal and purpose for the three year extension continue as originally indicated. Outputs have been altered to rule out long-term (3-5 year) institution building assistance and to permit more realistic emphasis on solving short-term operations-oriented research, intervention and services delivery problems. The revised grant envisions completion of 4-6 JHU/LDC subprojects during the three year extension. In accordance with the recent evaluation recommendations, both

AID, USAID and collaborating JHU/LDC principals will assist in identifying and analyzing appropriate problems prior to development of subproject proposals and/or initiating collaborative investigations. The guidelines which set forth the criteria by which these subprojects are chosen will sight the new Congressional mandates which emphasize the importance of studying problems and seeking solutions that will support the integration of health and family planning, be directed at helping the rural poor in the most needy countries and, where possible, affect the role and status of women.

F. Course of Action

1. Implementation Plan

- 1.1 AID Project Management -- AID monitoring and evaluation of all grant activities will be carried out as normally expected. Close coordination and approval by AID and/or the cognizant USAID will be required for developing new LDC project activities needing technical assistance.
- 1.2 Grantee Project Management -- The grantee will maintain a staff of 19-20 technical and administrative personnel to provide professional services needed to carry out all actions to maintain core and subproject functions.
- 1.3 Programming/Funding

a. Core support

Subject to the availability of AID funds, the annual AID obligation for core support will not exceed \$150,000 per each of three years proposed in this grant extension.

b. Subproject support

Subject to the availability of funds, AID may obligate up to \$450,000 in each fiscal year to accommodate AID/USAID approved subprojects implemented under the grant.

Since each subproject is funded as an independent entity, and has its own prescribed starting/termination dates, the situation may arise where a one, two or three year subproject might conceivably extend beyond the termination date of the Prime USA Grant. (The situation would then arise where there would be no paid Core personnel to manage and backstop subproject activities.)

To allow for this requirement, the initiation of each subproject will be so planned and funded that each subproject completion date falls on or before the termination date of the prime USA grant.

Evaluation Plan -- During the three year extension, a total of three evaluations will be conducted. These will review overall

grant performance; note program status and assess further requirements and direction.

Periodic subproject evaluations will examine the status of outputs which were authorized in each Subproject PIO/T and further specified in each Project Logical Framework Plan.

Each subproject evaluation will be conducted by and with AID/JHU subproject specialists, program monitors, and other professionals responsible for each subproject activity.

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Life of Project:  
From FY 1971 to FY 1978  
Total U. S. Funding 2,553  
Date Prepared: SEPT. 30, 1975

Project Title & Number: Population Problem Solving - University Services Agreement (USA); Project No. 932-11-570-916

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>The program goal is to assist LDC's to substitute more effective P/FP programs for helping people, including the poor - majorities, attain more manageable family size and achieve a higher quality of life.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> <li>Decline in fertility and population growth rates in LDC's directly served by this program;</li> <li>Increased FP services utilized and integrated in LDC health/family planning delivery programs.</li> </ol>	<p><u>LDC Demographic and Fiscal Reports</u></p> <ol style="list-style-type: none"> <li>Evidence of increased acceptance and utilization of FP services among the rural and urban poor.</li> <li>Evidence of increased LDC budget support for maintaining indigenous fertility management programs/services.</li> </ol> <p><u>LDC Population and Health Reports</u></p> <p>Evidence of stabilized growth trends and improved family health conditions</p>	<p>Assumptions for achieving goal targets:</p> <p>LDC leaders have identified POP/FP problems and are setting priorities for their resolution.</p> <p>Development of indigenous capabilities for increasing the effectiveness of P/FP Health programs is given highest priority.</p>
<p>Project Purpose:</p> <p>The project purpose is to increase the abilities of LDC institutions to solve problems that impact on the effectiveness of P/FP Programs and services for significant parts of the population including the poor.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> <li>LDC institutions are effectively solving P/FP problems that effect the poorest majorities.</li> <li>LDC institutions are planning, implementing and evaluating their own population and FP delivery programs without continued donor assistance.</li> </ol>	<p>LDC Institution, Mission and Grantee Reports.</p> <p>On-site evaluations.</p> <p>LDC P/FP/Health Reports &amp; Budget Reports</p>	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> <li>Cooperative involvement in solving LDC problems will improve LDC capabilities to respond to P/FP needs in their own environment.</li> <li>LDC's are committed to further develop, support and draw upon their own resources as institutional capabilities improve and donor assistance phases down.</li> </ol>
<p>Outputs: U.S. University - (Johns Hopkins)</p> <ol style="list-style-type: none"> <li>Subprojects Implemented</li> <li>LDC P/FP Programs Assisted</li> <li>Proposals Developed</li> <li>Courses Taught</li> </ol> <p><u>LDC Participating Institutions</u></p> <p>FP/Health Programs Expanded and functionally improved.</p>	<p>Magnitude of Outputs:</p> <ol style="list-style-type: none"> <li>4-6 short-term problem-solving subprojects implemented with participating LDC institutions.</li> <li>Short-term advisors assist LDC, USAID and AID programs as required.</li> <li>Joint LDC/JHU (subproject) proposals developed as endorsed by AID.</li> <li>Two P/FP Health courses taught LDC International and U.S. graduate students each year.</li> </ol> <p>Integrated FP/Health services expanded by 3-4 LDC institutions.</p>	<p><u>AID Review/Evaluation</u> - annual workplans and progress reports;</p> <p><u>AID/USAID Evaluation</u> - work agreement and subproject proposals; on-site evaluation on-going subprojects.</p> <p><u>Contractor Assessment</u> - LDC capabilities before and after implementation of each (AID-approved) subproject.</p> <p><u>LDC FP/Health Reports</u></p>	<p>Assumptions for achieving outputs:</p> <ol style="list-style-type: none"> <li>LDC institutions will accept U.S. University assistance for solving P/FP research, policy and service delivery problems.</li> <li>LDC institutions will be willing and able to provide financial, personnel and other resources for supporting jointly-planned subprojects; will assume responsibility for continuing the functions developed through these subprojects and will maintain linkages with U.S. institutions after AID support ends.</li> </ol>
<p>Inputs: U. S. University - (Johns Hopkins)</p> <ol style="list-style-type: none"> <li>Administrative/supervisory services teaching and LDC advisory services</li> <li>Project Development/Implementation services.</li> </ol> <p><u>Participating Institutions</u></p> <p>Subproject staff and budget support</p> <p>Core Support</p> <p>Subproject support</p>	<p>Implementation Target (Type and Quantity)</p> <ol style="list-style-type: none"> <li>Staff Services: 19 professionals 36 man-months pa. through FY1978 Advisory services-short-term as needed.</li> <li>Project Services: Approx. 8 U.S. professionals, consultants, backstop personnel; 32mm pa. through FY 1978</li> </ol> <p>LDC - Local personnel, facilities &amp; funding approximately 35 % of AID assistance for each of 8 projects.</p>	<p>Annual Review: JHU Staffing Patterns</p> <p>JHU Trip Reports</p> <p>Annual Evaluation each subproject</p> <p>LDC: Cooperative evaluation each Subproject</p>	<p>Assumptions for providing inputs:</p> <p>JHU: Can maintain administrative machinery to implement project development/backstopping</p> <p>Maintain adequate research, facilities and Staff Personnel for implementing collaborative subproject activities</p> <p>LDC: Provide and manage own funds for joint subprojects.</p>

Country: Interregional

GRANT ACTIVITY DATA

TABLE III

TYPE Population Problem Solving - University Services Agreement NUMBER 932-11-570-916	FUNDS Population Planning and Health	PROPOSED OBLIGATION (\$000)	
	PRIOR REFERENCE P. 54U FY 1975 IPDB	FY 76 450	5th Q. 150
		INITIAL OBLIGATION	SCHEDULED FINAL OBLIGATION
		FY: 1971	FY: 1978

Project Target and Course of Action. The project enables the Johns Hopkins University to utilize its capacity to assist LDC population/family planning (P/FP) institutions in developing and implementing problem-solving activities related to key P/FP issues in a rapid, flexible and collaborative manner.

The University (Core Staff) collaboratively assists LDC institutions in developing and administering problem-solving subprojects designed to resolve problems impeding effective implementation of LDC P/FP programs and policies; and provides specific consultant services in response to "AID and local Mission Program priorities."

Progress to Date. Johns Hopkins maintains an effective core staff which has implemented 17 problem-solving subprojects. Six are completed: five biomedical investigations on physiological and clinical aspects of FP; one P/FP training program for Washington-based foreign officials.

The 11 on-going LDC subprojects include: two collaborative epidemiology and contraceptive distribution studies--Taiwan; one rural MCH/FP Dynamics study--Ethiopia; two rural FP service and clinical research studies--Bangladesh; one Institutional Population Planning Project--Turkey; one Population Survey--Bangladesh; plus four

biomedical investigations related to U.S. and LDC P/FP problems.

FY 1976 Program. The JHU core staff will continue to collaborate on 11 on-going subprojects in Taiwan, Ethiopia, Bangladesh, Turkey and U.S. while mounting two additional biomedical investigations in support of AID/POP/FP priorities.

In addition, JHU will continue efforts to develop (for possible FY 1976 implementation) two rural service delivery sub-projects in cooperation with the Government of Bangladesh, Ministry of Health and Family Planning. FY 1976 funding of \$450,000 will provide for:

U.S. Technicians: 14 Core Staff; administration (4); professors (8); research assistants (2). (\$150,000)

Other Costs: Subproject support for two LDC and two U.S. biomedical projects (\$300,000)

Fifth Quarter. Continuation of FY 1976 program activity. Fifth quarter funding of \$150,000 will provide for:

U.S. Technicians: Continuation of 14 staff. (50,000)

Other Costs: Extension of country project activity in Bangladesh. (\$100,000)

U.S. DOLLAR COST (In Thousands)				OBLIGATIONS							PRINCIPAL CONTRACTORS/ AGENCIES	
	Obligations	Expenditures	Unliquidated	Estimated FY 1975			Proposed FY 76			Proposed 5th Q.		
				Direct AID	Contract/Other Agency	Total	Direct AID	Contract/Other Agency	Total	Direct AID		Contract/Other Agency
Through 6/30/74	2,198	939	1,259	-	-	-	-	-	-	-	-	Johns Hopkins University
Estimated FY 75	-	320		-	-	-	150	150	-	50	50	
Estimated through 8/30/75	2,198	1,259	320	-	-	-	-	-	-	-	-	
Proposed FY 76	450	Future Year Obligations	Estimated Total Cost	-	-	-	300	300	-	100	100	
Proposed 5th Quarter	150	1,700	4,498	-	-	-	450	450	-	150	150	

DEC 2 1975

ACTION MEMORANDUM FOR THE DEPUTY ADMINISTRATOR

THRU: ES  
FROM: AA/PPC, Philip Birnbaum

Problem: Because this proposal is greater than \$2 million and longer than five years, your signature is required on the attached grant non-capital project for the Population Problem Solving - University Services Agreement with Johns Hopkins University. (This PROP amendment is within the FY 1976 CP levels -- see page 86 of the Interregional Programs Data Book.)

Background: This University Services Agreement is based on a completed phase of an existing 211 (d) grant to The Johns Hopkins University which helped develop the basic capacity of that University to respond to Population Family planning needs in the Less Developed Countries. The Agreement, which is now in its fifth year, has been directed at the dual purpose of assisting the development of institutional capability within the LDCs for meeting the research, training, advisory, planning and other support needs of population activities and in solving specific problems that are relevant to the effectiveness of population activities.

Discussion: As indicated in the FY 1976 Congressional Presentation, as provided in this PROP revision, the grant will be scheduled for final obligation in FY 1978. The project was evaluated extensively in 1975. The evaluation recommended several management and program modifications which are now incorporated in the USA grant program. The first modification revised program planning and budget allocation actions to improve overall cost-effectiveness. This was accomplished by stabilizing core support at a fixed sum not exceeding \$150,000 per year, recycling the annual core refunding date, establishing separate (annual) subproject funding limits, issuing revised, more comprehensive and sharply defined sets of guidelines for both core and subproject utilization, further specifying core and subproject outputs mutually agreed upon and detailing the manmonths of effort programmed for each major output. A second action further integrates new LDC subproject activities

with AID/USAID population/family planning program priorities. These modifications are incorporated in the body of this PROP and are further specified in the new grant amendment about to be issued. In keeping with the evaluation recommendations, our assessment of the efficacy of the overall program supports retention of the USA mechanism and recommends continuance of Johns Hopkins Project activities through 1978. There is continuing need for a capacity to obtain solutions to specific short-term problems that arise in LDC population family planning programs. The rapid expansion of many LDC programs has precipitated new operational problems. The effectiveness of many LDC programs is held back by an inability to solve problems that interfere with the planned integration of family planning/health programs and effective delivery planning health services.

The USAs are a tested mechanism for quickly and efficiently solving LDC problems and for following up these problems to minimize their recurrence. Historically, Johns Hopkins has demonstrated a high degree of flexibility in responding to LDC, AID and USAID family planning priorities and has implemented several institution building and problem solving activities with a wide variety of LDC collaborators in the private and public sectors.

The A.I.D. intent now is to concentrate University/LDC collaboration on operations oriented research, intervention and delivery problems identified by LDC/USAID correspondence and by PHA/POP as being critical to the effective improvement of indigenous capabilities to plan, implement and evaluate their own population, family planning programs and integrated health delivery services. In choosing subprojects under this Agreement, care will be taken to coordinate with the continuing 211(a) health grant to the Johns Hopkins University and with all relevant bureaus in AID/W to make full use of this project in solving problems that relate to the integration of health and family planning.

Recommendation: That the Deputy Administrator approve the revision of this PROP and the extension of this program for three additional years to a total estimated value of \$3,813,000.

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

\*PROP approval will also constitute approval to negotiate the extension as of December 1, 1975 when the existing USA ran out. The PROP was delayed in the approval process. A.S.

page 3

**Clearances:**

AA/PHA:HSCrowley(draft)  
GC:CGladson(draft)  
GC/TFHA:ARichstein(draft)  
PHA/PRS:DMcMakin(draft)  
PPC:JWerty(draft)  
PPC/DPRE:AHandly(draft)  
TA/H:LMHoward(draft)