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May 2, 1971
TA/POP, T. C. Lyons

NONCAPITAL PROJECT PAPER (PROP)

18p

Country: Worldwide

Project No. 931-11-570-

Submission Date: _____

Revision No. _____

Project Title: Survey of Global Patterns of Commercial Distribution of Contraceptives in Selected Developing Countries 1/

U.S. Obligation Span: FY 1971

Physical Implementation Span: FY 1972-1973

Gross life-of-project financial requirements:

U.S. Dollars _____

I. SUMMARY DESCRIPTION

A. Background: Many, if not most, studies judge demographic effectiveness of fertility control on the basis of the delivery of contraceptives through national programs. There is strong suspicion that a greater reduction of fertility in developing countries could be achieved through use of commercial promotion and distribution of contraceptives than through country program efforts.

Contraceptives are made, sold, shipped into and out of many countries of the world, including less-developed countries. Within a rough order of reliability, it is known what brands of contraceptives are available in the private sales sector of many countries. Reliable data about total sales, sales trends, points of embarkation, market vitality, private store distribution outlets, prices, etc., are not generally known.

1/ Title changed 5/2/71.

There does not presently exist reliable data on the global patterns of contraceptive manufacturing, importation, exportation, distribution, sales and use (commodity flow) taking place through the private sales sector. While there have been some estimates of increasing commercial activity in contraceptives around the world, there are still gaps in the knowledge of who is manufacturing contraceptives, where these products are being shipped, and in what form, what networks exist to move these commodities, and eventually how many couples are purchasing contraceptives regularly in the private sales sector. It is apparent that evaluative and analytical studies cannot ignore this area of family planning practice in determining fertility reduction, births averted, and family planning acceptance. Governments desiring to reduce population growth through voluntary contraception should not ignore the immense number of eligible couples who would be self-supporting contraceptors if contraceptives were easily and cheaply available through commercial markets.

B. This Project's Response: No solid empirical base exists as to the commercial marketing of contraceptives, to allow for more ordered decision-making. A study of the commercial sector should:

- o provide accurate data about contraceptive commodity flow in the for-profit sector from point of manufacture to the consumer;
- o permit more accurate demographic analysis of the impact self-supported contraceptors will have on reducing fertility;
- o provide the base for an examination into ways the public and private sectors might cooperate to achieve program goals;
- o permit an examination of increased possibilities for increased use of existing and potential contraceptive technology.

Successful efforts to reduce fertility require at least: positive attitudes toward individual fertility regulation; motivated couples who wish to control their fertility; knowledge about the possibilities to control fertility; and the opportunity to act on attitudes, motivation and knowledge by having available the means to control fertility. This project will study and recommend ways the private, for-profit sector can contribute to increased flow of contraceptive commodities, from product origin to product use.

The end product will be a published market analysis of eight developing countries, which will include four major parts: (1) Marketing data will be collected, analyzed, documented, evaluated and presented on importation, local production, distribution, sales and use of contraceptives in the commercial market; (2) A discussion of important hypotheses formed by the contractor during the data collection phase, will be presented; (3) A set of generalized market recommendations that will address the most important issues raised in parts one and two will be made; (4) A suggested marketing program for two or three countries based on the three preceding parts, will be written.

The study will last approximately 18 months, from contract signing until AID receives the final report. The project will not be repeated or continued. If the completed study is of high quality, it will be widely disseminated to interested governments, commercial firms, and private organizations. AID, having funded the study and brought its findings to the attention of the most relevant people and organizations in the world, may wish to explore the possibility of market testing in certain

key countries, but no such commitment is stated or implied by this project. It is hoped that other governments and organizations will find the study useful enough to make basic decisions regarding the utilization or nonutulization of the commercial sector to reduce fertility.

C. Procedure: When the PROP and PIO/T are approved by the relevant offices, a Request for Proposal will be written and published, and the resultant proposals will be evaluated and rank-ordered by a special committee. Assuming that at least one proposal will be acceptable to the Agency, a contract will be awarded. It is hoped that work on the project can begin in July 1971. Field study sites will be determined in consultation with the Missions, Regional Bureaus, TA/POP and the contractor. This PROP, subsequent PIO/T, and the RFP anticipate the most successful proposals being submitted by organizations well-experienced in pharmaceutical and/or contraceptive studies, and who have the ability to move quickly into the field.

II. SETTING/ENVIRONMENT

While many countries of the world, including the United States, are convinced that government-sponsored, nationwide, voluntary family planning programs are essential if individual couples around the world are to have the means to control their own fertility, it is also obvious that alternative or supplemental approaches to national family planning program services must be found and tested. One such approach is the possible fuller participation of the commercial sector. The possible contribution of the for-profit sector (found in every country no matter how poor) has generally been neglected, but recent observation in some countries with national policies and national programs, indicates that commercial sales of oral contraceptives range from five to ten times the number of cycles distributed through national programs. Even in countries with an official anti-family planning policy, or no government program, sales of all contraceptives are surprisingly high. It is further noted that in no developing country has the commercial market realized its full potential as a partner of the national program.

This proposed project is based upon the hypothesis that a viable commercial sector is an immediate, untapped, alternative and/or supplement to a national program, and that once understood and utilized, will have a direct and immediate effect on reducing fertility.

A. Some of the evidence to which this hypothesis responds, follows:

1. "One major delivery system that has received relatively little attention is the private sector. The limited experience recorded suggests that further attention and inducements to the private sector may in some circumstances yield very handsome returns." (Spring Review on Population, May 11-13, 1970, "Summary Findings and Implications for A.I.D.," p. 30.)

2. "It remains to note that in all the pressure to get governmental programs underway and keep them going, the potential contribution of the private sector appears to have been overlooked or neglected. Where efforts have been expanded to make profitable the spread of contraception through commercial channels, they seem to have been worthwhile. Even in the pporer countries of the developing world, some network of commercial distribution usually exists, and could be exploited for the sale of condoms . . . and perhaps in time, oral contraceptives as well. Certainly, in some countries (notably in Latin America), the commercial distribution of contraceptives has had a much larger impact than organized programs. Has the whole advertising/marketing approach been underplayed to date because the efforts have been guided by public officials and academic scholars?" (Berelson, Bernard. "National Family Planning Programs: Where We Stand," from Fertility and Family Planning, Behrman, Corsa and Freedman (eds), The University of Michigan, 1969, reprinted in Studies in Family Planning, March 1969, The Population Council, N.Y., N.Y.)

3. "Deeper involvement of the private doctor, and the drug and pharmaceutical industry offers high pay-off. It is estimated that private prescriptions and commercial sales provide contraceptive services to as many women in these countries as are covered by organized government and private family planning clinics. This could easily be expanded at minimum cost." (From: W. E. Haraldson's Central American report.)

4. "Oral contraceptives are readily available in all drug stores and pharmacies of Latin America with or without prescription . . . . Reliable sales figures are not available, but everywhere there is evidence that sales are mounting month by month. I feel it is safe to say that private sales . . . provide protection to more women than all organized family planning programs. This is an aspect of the population explosion which warrants more Agency attention." (From: W. E. Haraldson"s general trip report for Latin America.)

5. "Table 3 illustrates the overwhelming importance of commercial activity in contraceptive distribution, compared with the activity of governments and the International Planned Parenthood Federation. Although the figures shown represent only a rough approximation of the number of users in each category, it is still reasonable to assume that 98 percent of users in developed countries purchase their contraceptives through retail outlets or from physicians in private practice. Even with the growing effort by national family planning programs in the developing countries to distribute contraceptives, a remarkably large percentage (40 percent) of users in those countries are supplied through commercial outlets.

If we discount the IUD (which is distributed mainly through national family planning programs) we find that the commercial sector is the principal source of contraceptive supply even in the developing countries." (Emphasis added. From: Reports on Population/Family Planning, "Commercial Production and Distribution of Contraceptives," Number 4, June 1970, pp. 3-4.)

Table 3. Per Cent Distribution of Users, by Source of Contraceptive Supplies,[a] for the World[b] and Selected Regions: 1968

Source of contraceptive supplies[a]	*World*[b]	*Development status*		*Less developed countries excluding IUDs*[d]	*United States*
		More[c]	*Less*		
Commercial	80	98	40	64	95
Governmental	19	u	55	34	3
International Planned Parenthood Federation	1	1–2	5	2	2
Total					
Per cent	100	100	100	100	100
Number (in millions)[e]	42–49	31–37	11–12	7–8	5–20

u = unavailable. Used either when no data were available or when the data available were considered particularly deficient.

[a] Contraceptive supplies include the following: aerosol foam, condom, diaphragm, intrauterine device, and oral contraceptive.

[b] Including the United States but excluding Mainland China and Eastern European countries with centrally planned economies.

[c] Including the United States.

[d] IUDs are excluded here to highlight the importance of the commercial sector in supplying condoms and oral contraceptives. IUDs in the less developed countries are distributed almost exclusively through large-scale governmental programs.

[e] Rough approximation.

6. Some preliminary evidence suggests that in some countries the private, for-profit sector is much more viable than believed just a couple of years ago. For example: It was reported at the 1970 Spring Review, that an estimated 7 million cycles of orals were sold in Brazil in 1969, indicating a 40 percent growth of oral sales per year for the past five years. It is also estimated that in Thailand, 3 million cycles of orals were sold in 1969, 65 percent of which were estimated to have been sold outside of Bangkok. (Bruce D. Carlson, "Population/Family Planning in Thailand, September 1, 1970.) In Mexico, a country with no government program, an estimated 480,000 cycles of orals were sold per month in 1968, and in the same year in Korea, 110,000 cycles were sold per month. (Reports on Population/Family Planning, Ibid., p. 16.) A recent trip report by TA/POP George Wyeth (3/8/71) indicates that in Tunisia more than five times as many oral contraceptives arepurchased each month than are distributed through the national program.

7. "The potential market worldwide is huge. There are 735 million women age 15-44 in the world, 43 million of them in the U. S. Thus, only 2.3% of the women in this age group took the pills, while overseas the rate was a mere 1.15%. If worldwide use were to come up to the level now prevailing in the U. S., there would be 154 million users." (Norman Applesweig, "Steroids," Chemical Week, May 17, 1969.)

In spite of the above evidence, the hypothesis that the commercial sector can have an immediate and direct influence on reduced fertility, remains untested and therefore has marginal utility at this time due to: (1) the fact that so little data has been generated about the private sector as an alternative or complementary delivery mechanism; and, (2) the fact that so few countries have made a concerted effort to introduce or involve the private sector in getting contraceptives into the hands of portential eligible couples. In a word, little is really known of market behavior, and market trends and potential.

This project seeks to alleviate this condition, thereby contributing to more sophisticated policy and program planning, in both donor and host countries.

III. STRATEGY

To carry out this project, described elsewhere in this paper, it is proposed the following strategy be pursued.

A. The Office of Population, Technical Assistance Bureau, AID/W, in continuing close consultation with the Regional Bureaus, chose eight (8) developing countries (suggested two in each Region, although recognizing that the Latin American Bureau may wish for more than two countries) in which the commercial sector would be studied in-depth, as described in Sections IV. and V. below.

B. It is strongly suggested that the determination of those countries be made by the Bureaus and TA/POP, (with Mission concurrence, if necessary) subsequent to contract signing, although Regional Bureaus are free to make that determination when responding to this PROP. In this event, the country will be included in the PIO/T.

When. If these studies are done in the proposed study needed or can we stop [illegible]?

C. The Population Council, Inc. has contracted for a commercial sector study in three countries: Iran, The Philippines and Colombia. These countries would be excluded from this proposed study. In addition, in the event Population Services, Inc., Chapel Hill, N. C., undertakes such a study in Kenya, that country would be excluded.

D. When this PROP is approved in the Regional Bureaus and in TA/POP, a PIO/T will be written taking into account changes suggested.

E. The signed PIO/T will then be forwarded to PROC/CSD where a Request For Proposal (RFP) will be written and advertised in Commerce Business Daily.

F. Simultaneously, a review committee will be formed to evaluate the responses to the RFP, which will include one person from each of the Regional Bureaus, and three members from TAB.

G. When a decision has been reached by the review committee and the top three proposals rank-ordered, PROC/CSD will be asked to handle the contract negotiations. It is proposed this process be completed this Fiscal Year.

The scope of work of this proposal and the time frame requirements, indicate those bidding on the proposal will of necessity be larger firms (profit or non-profit) with worldwide marketing experience who have the ability and manpower to mobilize quickly. It is proposed this project be funded one time only, and that the completed work be done in about 18 months, with a preliminary data report in 12 months.

A second major phase on market testing in fewer, selected countries should be thought about, but no guarantee, decision or committment is made at this time that it will take place, or that the contractor that does the work of this project will be selected to do the work of a following

phase. Neither is the contractor excluded from bidding on such work should the decision be made to do an additional phase. The decision to do additional contraceptive market-testing may be considered at the conclusion of this project.

Assuming a high-quality product, the preliminary data report and the final report will be disseminated throughout the Agency for International Development, to host governments through USAIDs, to interested public/private national and international organizations, and to the business community in this country and abroad. Certainly host country evaluation units, AID evaluation contractors and centers involved in demographic analysis will have an immediate need for the data generated by this project in order to take into account the demographic impact of fertility control.

IV. PLANNED TARGETS, RESULTS, OUTPUTS

This project will result in the preparation of a four-part document (explained below) the most important effect of which, is the collection and dissemination of commercial sector data which hopefully will lead to efforts to eventually increase the availability (distribution and sales) of contraceptives through the commercial sector, provide an empirical basis for future program planning, provide analysis as to how the commercial sector can assist country-specific population program objectives.

Part One, a data presentation, will answer as many of the following questions as possible for each contraceptive by country, but in any case will cover the major commercial activities of Importation, Production/Manufacturing, Distribution, Sales, Use. Questions by major category are:

A. Importation:

What kinds of contraceptives are being imported?
From where? Countries? Companies?
In what form? Raw materials? Pre-packaged? Bulk?
By whom?
Intended destination? Private sector/national program/private programs?
To what extent does government control or restrict imports?
What trade policies are important to contraceptive imports?
What are import figures over time?
What is extent of government reporting system for imports? Is it reliable?

B. Production/Manufacturing (Local):

What kinds of contraceptives are being manufactured? Over time?
In what form?
In what quantity?
What controls and restrictions apply?
How many companies? Are they locally owned or foreign subsidiaries?
Does government collect production figures? Are they reliable?
How much of indigenous production leaves country by exports? Destination?

C. Distribution:

Is there an identifiable contraceptive distribution network?
Where are distribution outlets? Rural? Urban? How many for each?
What is size of detail force for major companies?
What government controls/restrictions apply to distribution?
Is there a viable distribution system for associated consumer products that could be utilized for contraceptives?
Are there outlets not now selling contraceptives that might logically handle these products?

D. Sales:

What is sales history for each contraceptive? By channel?
What are sales at a point in time? Within a time frame?
What factors account for sales fluctuations? Totally and by district?
What is price level? How is it established? Margins at wholesale and retail level?
How much advertising is involved? General public? Special publics?
Are special promotional efforts made?
What accounts for mark-up variations, if any?

E. Use (Consumer Analysis Surveys):

Proportion of total users who get contraceptives from private sector?
Demographic/social characteristics of users?
What is sales/use by urban rural? Sex/age/parity?
What are continuing estimates?
Does use appear to depend upon easy availability?

Part Two will deal with an evaluation of the data collected and will provide a cross-country/cross-regional analysis of the data and present hypotheses dealing with such questions are market limitations for distribution and sales, and immediate and long-run market potentials. It is anticipated that a number of questions will arise in the course of the market studies, to which the contractor will wish to address. For example:

> "Comparing potential market to realized market we see that Mexico, despite its Roman Catholicism, has achieved about 11 percent of its potential while Korea and Thailand have achieved only 3 to 4 percent. (An understanding of the reasons for this sharp contrast could well yield a commercial strategy for doubling, or even tripling, oral contraceptive sales in Asia.)

> "It is reasonably clear from these figures that the smallness of the commercial market, even in Mexico, is not due to inability to pay. Rather it may be due to an inability to sell family planning on an individual basis. Support for this hypothesis comes from Australia where, with one of the highest rates of oral contraceptive acceptance, only 26 per cent of the commercial market has been sold. Perhaps this percentage represents an upper limit for commercial success in any country." (Reports on Population/Family Planning, op. cit., p. 22.)

Part Three will consist of a set of recommendations or possible plans for future consideration for interested parties such as governments and private firms, which would address the following kinds of issues:

- The role of the private sector in stimulating contraceptive use.
- The role of the government in stimulating the private sector.
- Identify both opportunities for increased private sector sales (possible market stimulation) and bottlenecks to private sector activity.
- Recommended innovative approaches to contraceptive marketing, and immaginative new uses of unconventional channels.
- Some prediction of future market activity.
- The relationship between the public and private sectors with special attention to those matters that influence use in the commercial sector vis-a-vis the public program.
- Contraceptive-related consumer goods distribution systems that might be utilized successfully for contraceptives.
- Product improvement or product substitution.
- Specialized information programs for the commercial sector.
- Special marketing problems that might be associated with prostaglandins.

Part Four will suggest a formal marketing program for two or three countries based upon the preceeding three parts. While in this part the contractor will be quite free to present material and recommendations that

are appropriate in his best professional judgment, he undoubtedly will wish to keep in mind the social/economic/political/cultural/ethnic realities of life. The contractor will choose the countries he wishes to cover, justifying his choices.

The contractor will submit a written data report in draft form to AID, (10 copies) of Part One, within 12 months of country determination. AID in turn will determine if the questions suggested above have been answered completely and to AID's satisfaction.

The final report, written around the four major parts discussed above, will be submitted 18 months after the contract has been signed. The contractor will submit the report in camera-ready copy and 25 copies. The contractor will write a summary as part of the final report.

Upon receiving the final report, AID will determine if and to whom the report will be made available.

V. COURSE OF ACTION

Following the contract signing, the contractor, Regional Bureaus, and TA/POP will decide as soon as possible on eight (8) countries where contraceptive marketing data will be collected, analysed, documented, evaluated and presented on importation, local production, distribution, sales and use of all contraceptives sold on the commercial market, excluding those requiring medical application (specifically the IUD), excluding surgical procedures for the prevention of conception, and excluding post-conceptive birth prevention (abortion). In the case of orals, the surveys will include orals when sold with and without medical intervention.

While some work can be done by the contractor in the United States (library research, interviews with pharmaceutical manufacturers, contacts with trade associations, a review of the literature of previously completed

consumer analysis surveys and KAP studies), and by mail with European pharmaceutical houses, most of the work will be done by the contractor sending core teams to the countries to be studied. It is anticipated that at the time the contractor, Regional Bureaus, Missions and TA/POP agree to specific countries, permission to travel for purposes of the work of this project will be granted.

In some countries much of the data to be collected under Part One is available in varying degrees of completeness and reliability. The contractor, using his best judgment, will evaluate the available data, indicating in the final report his estimation of the data. Whether the data is available or not, the contractor will have to send professionals to each of the countries, who will gather marketing information from such sources as: government organizations, drug companies and their detail men, national programs (public and private) where applicable, local importers, local distributors, AID Missions, trade associations, among others. In obtaining use data, minimum consumer analysis sample surveys will be conducted. In the case of use data, the contractor will budget minimum costs for surveys, perhaps in only two countries, but will try to utilize recent pre-existing use data when available.

In planning field work the contractor will in each country work closely with a host country counterpart, which could be a member of his firm's staff in that country, a university department, a professor, a locally owned market research firm or management consultant, a government employee. It is important that the contractor make a positive effort to train or assist his host country counterpart in such a way that having left the country, the host counterpart could carry on this work in the future. These efforts will

be documented in the final report.

Without knowing in which countries the market survey work will be done, it is impossible to determine with any specificity the amount of time necessary for the field survey work, but is likely to run from four to 12 weeks per country, depending on such variables as size of country, availability of data, completeness of coverage, size of the survey team, and the like.

Whenever possible the contractor will cooperate to the fullest extent possible with the United Nation's family organizations and field representatives. (Depending on the quality of the final report, AID anticipates making the report available throughout the U.N. system.)

Continuation of this project is not contemplated.

Clearances:

	TA/PM, Kean/Kerchen/Fisher	4/21/71	(phone)
	NESA/OPP John Alden	5/2/71	(phone/memo)
	EA/TECH T. Reese	5/2/71	(phone)
	EA/TECH Robert Johnson	5/2/71	(memo)
	ARA/LA/PCD Jack Heller/Robert Black	4/30/71	(memo)
T. Lyons	AFR/TAC J. Prince (Review completed.Reply from DP anticipated)		
TA/POP	AFR/CWA Clayton Miracle	4/28/71	(phone)
5/2/71	AFR/ESA A. Bernal (not applicable to ESA)	5/2/71	(phone)
	AFR/NA J.Pinder (Review being coordinated with AFR/TAC)		

All Bureau clearances subject to Mission approval, and Bureau participation in selecting contractor.

AIRGRAM

DEPARTMENT OF STATE

UNCLASSIFIED
CLASSIFICATION

~~Inspired~~ 40/W bill/ann

For each address check one ACTION | INFO

DATE REC'D. 93X-942

TO - AID/W TOAID A - 331 X

FOR: T. Reese, FA/TECHNIPHP, AID/W

3

DISTRIBUTION
ACTION TAB
INFO. AAPC SRD EAB CIT GC

A.I.D. COMM BR

DATE SENT 6/18/71

FROM - Seoul

SUBJECT - PROP, "Survey of Global Patterns of Commercial Distribution of Contraceptives in Selected Developing Countries"

REFERENCE - (A) Routing Slip, Reese to Clark, dated May 19, 1971
(B) PROP, dated May 2, 1971

1. The concept of the proposed study is interesting and would probably be of benefit to the National Family Planning Program here in Korea.

2. Informal contacts with ROKG-MHSA indicated no objections at this time to the proposed study; however, in view of recent top-level personnel changes and thus possible future changes of programs and/or policies in MHSA, Mission would need to re-confirm ROKG interests.

3. If Korea becomes candidate for survey, Mission would want to suggest potential host-country counterparts.

4. Assuming no change in ROKG interest, Mission encourages submitting Korea as possibility for survey.

OTHER AGENCY HEW

UNDERHILL

PAGE 1 OF PAGES 1

DRAFTED BY	OFFICE	PHONE NO.	DATE	APPROVED BY:
WDBaum/kms WDB	PSD-H	4227	6/14/71	D:Michael H. B. Adler

AID AND OTHER CLEARANCES
PSD-H:SBClark SBC
A/PSD:RGoodrich RG
AD/P

UNCLASSIFIED
CLASSIFICATION

AID 5-39 (9-62) (Do not type below this line) PRINTED 6-64

AID 1020-24 (10-69)

Proj 9320942
PH-

AGENCY FOR INTERNATIONAL DEVELOPMENT (A.

PROJECT AUTHORIZATION

1. PROJECT NUMBER	3. COUNTRY	4. AUTHORIZATION NUMBER
PIO/T 931-11-570-942	WORLDWIDE	0127 16p

2. PROJECT TITLE
Survey of Global Patterns of Commercial Distribution of Contraceptives in Selected Developing Countries

5. AUTHORIZATION DATE

6. PROP DATED
May 2, 1971

7. LIFE OF PROJECT

a. Number of Years of Funding: 1 1/2
Starting FY 19 71 Terminal FY 19 73

b. Estimated Duration of Physical Work
After Last Year of Funding (in Months): none

8.

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

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

Note: Since the accompanying PIO/T authorizes both the publishing of a Request for Proposal and a subsequent contract, the amount of funding may be subject to some change, since it is impossible to estimate with preciseness the cost of the project prior to receiving proposals for consideration.

10. CONDITIONS OF APPROVAL OF PROJECT

Bureau Clearances of PROP:

1. NESA/OPP, John Alden, 5/2/71 (memo and phone)
2. ARA/LA/PCD, Robert Black, 4/30/71, (memo)
3. EA/TECH, T. Reese, 5/2/71, (phone) R. Johnson 5/2/71, (memo)
4. AFR/TAC, J. Prince, (Review completed. Reply from DP anticipated)
5. AFR/CWA, Clayton Miracle 4/28/71 (phone)
6. AFR/ESA, A. Bernal, 5/2/71 (phone) (Project not applicable to ESA countries)
7. AFR/NA, J. Pinder (Review being coordinated with AFR/TAC)

All Bureau clearances subject to Mission approval, and participation in selecting contractor.

(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 coope[illegible]untry and drafting of implementation documents is authorized.

This authorization is contingent upon timely co[illegible] 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. H. Butterfield (SIGNATURE)		TA/POP, Thomas C. Leone, Jr.	5/4/71
		TA/POP, R. T. Ravenholt	5/4/71
AA/TA, S.H. Butterfield (TITLE)	5/13/71 (DATE)	XXXXXX, TA/PM, K. S. Levick	5/12/71