NONCAPITAL PROJECT PAPER (PROP) PD-AAD-708-B1 4930266(2) PAGE 1 of 19 PAGES

I. PROJECT IDENTIFICATION

1. PROJECT TITLE
Health and Population Planning

APPENDIX ATTACHED: [X] YES [ ] NO 22p

2. PROJECT NO. (M.O. 1095.2) 493-11-580-266 .2

3. RECIPIENT (specify)
[X] COUNTRY Thailand
[ ] REGIONAL [ ] INTERREGIONAL

4. LIFE OF PROJECT
BEGINS FY 75
ENDS FY 75

5. SUBMISSION
[X] ORIGINAL 8-30-74 DATE
[ ] REV. NO. DATE
CONTR./PASA NO.

II. FUNDING ($000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL $	C. PERSONNEL (1) $	C. PERSONNEL (2) MM	D. PARTICIPANTS (1) $	D. PARTICIPANTS (2) MM	E. COMMODITIES $	F. OTHER COSTS $	G. PASA/CONTR. (1) $	G. PASA/CONTR. (2) MM	H. LOCAL EXCHANGE CURRENCY RATE: $ US ____ (U.S. OWNED) (1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT	(2) COOP COUNTRY (B) BUDGET
1. PRIOR THRU ACTUAL FY												
2. OPRN FY												
3. BUDGET FY 75	930	30	6	281	328	518 1/	-	60 2/	11	41		3,088
4. BUDGET +1 FY												
5. BUDGET +2 FY												
6. BUDGET +3 FY												
7. ALL SUBS. FY												
8. GRAND TOTAL												

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
1. UNFPA	1 Medical equip. & supplies, vehicles	1. $1,300,000
2. Population Council	2 Fellowships, advisory assist, research	2. $ 500,000
3. IPPF	3 Budget support to PPAT, cont. dist. proj	3. $ 600,000

III. ORIGINATING OFFICE CLEARANCE

	TITLE	DATE
1. DRAFTER G. Bowers	Population Advisor	Aug. 30, 1974
2. CLEARANCE OFFICER R. Ernst	Mission Director	Aug. 30, 1974

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL Breakout of funding found on pages 12-14.
1. Includes $338,000 for centrally procured contraceptives.
2. Funds provided under "G" above will be utilized to conduct evaluation research, the results of which will be incorporated into the new integrated project to begin in FY 76.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
AA/PHA	J. A. Kieffer	11/27/74	PPC/DPR	J. WELTY (draft) A. M. Hanley	11/21/74 (draft)
PHA/POP	R. T. Ravenholt	11/13/74	EA/EAA	S. J. Littlefield	11/21/74
PHA/POP/EA	C. W. Terry	11/13/74	EA/EAA/TK	M. N. Reed	11/21/74
PHA/PRS	M. E. Fowler MF TRM for	26 Nov 74	EA/DP	L. A. Marinelli LAM APPROVED	11/20/74

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE	DATE
Garrett A. Zimmerly	12/2/1974

TITLE: A-AA/EA

4. APPROVAL A/AID (See M.O. 1025.1 VI C)

SIGNATURE	DATE

ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

Factors specific to USG project assistance for this fiscal year also recommend a one-year PROP: (1) As mentioned above, a small portion of FY 1975 assistance is for final-year contributions to two projects which terminate in FY 1975; (2) Longer-range commitment of specific USG assistance in the health sector must necessarily await the resolution/completion of the MOPH reorganization and planning activities indicated above. Certain elements of the FY 1975 assistance program are in fact supportive of this year's planning functions, i.e. consultant participation in a health sector assessment team (and possible design of U.S. assistance to rural health services expansion programs), and consultants for national nutrition planning; population education project design; and for statistical analysis. Nonetheless, USOM is proceeding now to discuss with the RTG the broad framework of USG assistance beyond FY 1975. Our intention is to examine with the RTG the use of long-term concessional lending or incremental grants - possibly on a matching/reimbursability basis through the RTG MOPH budget - to expand the RTG rural health system. This approach would involve the provision of USG support for RTG efforts incremental to its current and planned health sector expansion program, with the USG assuming share of the additional costs of each new increment on an an-yet-to-be determined "threshold" formula. (e.g., the US would pay 25% of the costs of the first 100 clinics beyond the RTG's expansion program of 450 per year; 50% for the second and third 100s and 75% for additional 100s. Loan-financing for this endeavor would possibly be provided in conjunction with an IBRD health-sector loan, though loan terms and timing and manner of USG loan-disbursements might vary from an IBRD-RTG arrangement.

In addition, a mixture of loan and grant support would be provided to specific project activities which may be identified by the FY 1975 assessments, or in consultation with the RTG. Such activities might include the continuation of funding of contraceptives and other family planning commodities; support for population-related activities outside the MOPH; development of alternative distribution channels for non-clinical contraceptives; development of the "medical school without walls" concept (See TOAID A-255 and attachment); retraining of paramedics; and development of low-cost nutritious foods, to name a few.

The purpose of this one-year FY 1975 PROP, then, is to set the stage for an expanded future assistance program which is not yet "ripe" on either the USG or RTG side for implementation this year. It represents also an attempt to maintain continuity of assistance and planning efforts in the specific project areas mentioned above in order to ensure the development of a FY 1976-and-beyond support program for these high-priority activities should any or all of this year's contingencies (the MOPH reorganization; the health sector assessments; RTG action on development lending possibility) fail to materialize.

A comprehensive PROP/CAP covering this emerging program for FY 1976 and beyond will be prepared late in FY 1975.

I. PROGRAM GOAL

At present, only about 15% of Thailand's rural population are being served by the country's public health system. The reasons for this include both inadequate geographic/population coverage of rural health facilities, as well as low utilization of existing health stations (due to unavailability or poor quality of basic curative services at rural health clinics). Largely as a result of the deficient health structure, morbidity levels are high and chronic nutritional deficiencies exist in large segments of the rural population; and there is some levelling-off of the number of new family planning acceptors, while rural fertility remains at a high level. (Estimated mortality rates in rural Thailand are twice as high as in urban areas: crude death rate of 11.3 per 1,000 population in rural areas, versus 5.6 per 1,000 population in urban areas. The infant mortality in rural areas is 88.5 per 1,000 livebirths, versus 67.6 per 1,000 livebirths in urban areas).

These high morbidity and mortality rates and low nutritional status affecting large portions of the rural population are negatively influencing the quality of life and productivity of the poor rural Thai, many of whom are engaged in subsistence or near-substance agriculture. In addition, the current high fertility level experienced by these people (partially, at least, in response to high rural infant mortality rates), undermines their efforts to improve their family economic/education/nutritional condition, as well as adversely affects the long-range economic development objectives of the Royal Thai Government.

A. Goal Statement: The overall long-range goal of USG assisted RTG efforts in health, nutrition and family planning is therefore to 1) improve the health status of the rural poor with emphasis on pregnant and lactating mothers and children under six; and 2) to reduce fertility rates in rural areas.

B. Measurement of Goal Achievement:

1) Progress toward achievement of the goal to reduce mortality rates in rural areas will be measured by the RTG decennial census of 1980-81; by the vital statistics collection function of the Ministry of Public Health; and by periodic sample surveys studies. Current baseline data for urban and rural mortality are available from the 1971 census (adjusted data) and the 1974 Survey of Population Change (RTG National Statistical Office); and the Longitudinal-Survey of Social, Economic and Political Change (in process; Chulalongkorn University).

2) Improvements in nutritional status - particularly among children 1 to 6 - will be estimated by studies involving anthropometric measurements (including growth curves for height and weight, subcutaneous fat of the arm, and head circumference), clinical signs of protein-calorie mal-nutrition, and presence of parasites in stools. Current baseline data availability is summarized in "The Prevalence and Severity of Protein-Calorie Malnutrition in Thailand" (NESDB, June, 1974).

3) Fertility declines will be measured by the 1980-81 census and associated sample studies and surveys; the RTG vital statistics system, and special fertility studies. Current data are available from the Survey of Population Change; and the Longitudinal Survey.

C. Goal Assumptions:

1) It is assumed that health, nutritional and fertility conditions in rural Thailand - though very much a function of overall economic/social development including levels of income and educational status - are also dependent to a great extent on availability and utilization of a responsive delivery system for health, nutrition and family planning services.

2) In FY 1975 the RTG - with the assistance of external donors including the World Bank, WHO, and AID/USOM - will define additional resources it is prepared to commit over the next several years to accelerate expansion of the RTG rural health system, and donors will define resources available to support the RTG health systems expansion program.

3) The RTG will be willing to commit a major portion of these donor provided resources to test in specific areas the impact of new health manpower and additional rural health facilities beyond RTG baseline expansion plans.

II. PROJECT PURPOSE

A. Statement of Purpose: Pursuant to the above goal/assumption statements, the purposes of USG assistance in FY 1975 are to:

1) improve the capability of existing rural health facilities to provide integrated health, nutrition and family planning services; (Inputs: commodities, training grants, DH nurse training advisor).

2) assist the RTG in its efforts to devise a long-range plan for accelerated expansion of the health delivery system, as well as complementary channels for provision of integrated health services; (Inputs: consultants for health sector assessment, national nutrition planning).

3) assist the RTG to develop the analytic instruments to measure the effectiveness of its fertility-reduction measures; (Inputs: demography/statistics consultant; research grants).

4) continue to develop greater public awareness of population/family planning information by supporting the introduction introduction of population education material into the formal and non-formal school system of the RTG. (Inputs: WEI contract; population education consultant).

B. Conditions at End of Interim (FY 1975) Project:

1) Thailand's annual population growth rate will be further reduce below its current 2.8% (1970 rate: 3.1%).

Measurement Indicators:

1.1 surveys and samples

1.2 family planning program service statistics

1.3 private sector contraceptive distribution reports

2) The RTG will have completed an assessment of development needs and priorities in the health sector, and be commited to detailed planning among MOPH, NESDB, BOB, and others toward an accelerated program for expansion of the rural health system.

2.1 RTG health sector study

3) The MOPH will have commenced trials to test the feasibility of using new categories of paramedical personnel - including MEDEX, village volunteers, indigenous practitioners, and perhaps monks - to deliver health, nutrition and family planning information and services in rural areas.

3.1 DEIDS project records

3.2 Field observation

4) Non-clinical contraceptives (orals and condom) will be available through at least 4700 of the country's rural health facilities (current: 4500); and clinical contraceptive methods (IUD-insertions, vasectomies, tubal ligations) will be available through 200 hospitals, MCH centers, and larger health clinics.

4.1 Family planning program records

5) The RTG will have prepared a preliminary draft of a national nutrition policy for inclusion in the RTG Fourth Five Year Plan (1977-81).

5.1 Consultant report for NESDB

5.2 RTG national nutrition committee report

6) The Ministry of Education will have prepared an action plan for inclusion of population education content in the formal and non-formal school curricula.

6.1 Ministry of Education document.

7) All graduates (FY 1975 and thereafter) of the Faculty of Public Health, Mahidol University (the primary supplier of supervisory-level personnel for the country's public health system) will be receiving population/family planning training through all curricula of the Faculty.

7.1 Faculty of Public Health catalogues and reports.

C. Assumptions

1. Family planning services, delivered as an integrated service through the RTG health system, and alone, can have a significant impact on the population growth rate.

2. Non-clinical contraceptive services offered through the commercial and/or other non-RTG channels may also affect fertility rates in rural (perhaps to a greater extent, and at less cost than RTG services), but these non-RTG distribution channels will not be sufficiently developed by the end of FY 1975 to test this hypothesis*.

3. The RTG health sector assessment will get underway in early CY 1975.

4. A pending reorganization of the MOPH will have been completed allowing the Ministry to redirect its attention to operational aspects of its rural health program.

III. PROJECT OUTPUTS:

A. Outputs and Output Indicators

Outputs of this project are expected to reflect the improved personnel and material capability of the RTG to achieve the project purposes identified above. In addition, other project outputs results from the transitional "planning" character of the FY 1975 project. Specific outputs include:

1. Selected candidates in training in the U.S. and Third Countries.

   Indicator:

   1.1 Participant training program project records. (328 man-months)

2. Increased number of health facilities offering family planning services. (End FY 1975 total: 4,700 clinics).

   Indicator:

   2.1 MOPH reports of clinics participating in the family planning program (1974 total: 4,500).

   2.2 MOPH staffing documents indicating assignment locations of nurse-midwives trained to insert IUD's.

   2.3 MOPH contraceptive distribution-reports for condoms and oral contraceptives. (FY 1975 is the first year condoms will be distributed through the national family planning program).

3. Increased availability - through health clinics, schools, and the commercial sector - of nutritions, low-cost food products developed at Kasetsart University. (Target: 200 clinics & schools).

   3.1 MOPH and Kasetsart University distribution records.

   3.2 Grantee report on product/market feasibility study to be completed in FY 1975.

   3.3 MOPH, DTEC, NESDB field trip reports.

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* The local IPPF-affiliate in FY 1975 will test the feasibility of using village volunteers to distribute condoms and oral contraceptives. (See TOAID A-284). Mission program assistance in FY 1976 will include support for expanded distribution of non-clinical contraceptives through the commercial sector.

4. Revised curricula at the Faculty of Public Health, Mahidol University, to include at least eight population/family planning related courses: (six courses offered in FY 1974).

   4.1 Faculty catalogues and reports.

5. An assessment of priority development requirements in the health sector:

   5.1 Assessment team report. (if done jointly; otherwise separate reports of participating agencies).

6. A completed national nutrition analysis with a recommendation for a nutrition policy statement/action plan for inclusion in the RTG Fourth Five Year Plan (1977-81):

   6.1 Report of the subcommittee on national nutrition policy (NESDB).

7. A Ministry of Education action-plan for inclusion of population education materials in the formal and non-formal curricula of the RTG education system, and possibly in the education/training programs for military, police and other government personnel.

   7.1 Ministry of Education document.

8. Improved capability of MOPH rural health sanitarians to diagnose and treat parasitic-diseases:

   8.1 Disease surveillance and treatment reports of rural health clinics/provincial health officers.

9. Improved RTG analytic instruments to assess population growth and change:

   9.1 Complete Survey of Population Change (NSO).

   9.2 Consultant (NSO) and NSO staff reports on analysis of RTG 1971 census data.

   9.3 Publication of Second Round Survey Results of Longitudinal Survey (Chulalongkorn University).

10. Increased number of new family planning acceptors: (450,000 anticipated in CY 1974, versus 411,000 in FY 1973)

    10.1 National Family Planning Project (NFPP) service statistics.

B. Assumptions

1. Qualified candidates will be available for training programs in the U.S., Thailand, and third countries.

2. The MOPH will receive and distribute project commodities on a timely basis.

3. RTG Family Planning Project services statistics will be sufficiently accurate and prompt to allow assessment of program progress.

4. Existing provincial health records will be made available and will be sufficiently accurate to determine changes in (1) utilization of rural health facilities, and (2) treatment of health problems.

5. Consultants will be recruited and be available in Thailand in a timely manner.

6. The Administration of Mahidol University will agree to additions to the curricula of the Faculty of Public Health.

IV. PROJECT INPUTS

A. U.S. Inputs:

U.S. inputs will be provided to facilitate the current-year program improvement and future-year program planning objectives indicated above. With the exception of some nutritional analysis and protein food manufacturing equipment and some population education materials, commodity supplies are intended for use in or by rural health clinics. Bangkok clinics serving the urban poor are also supplied with A.I.D.-provided oral contraceptives. (Commodities originally scheduled for FY 1974 procurement but carried over to FY 1975 include 30 portable microscopes for use by MOPH rural sanitarians to perform stool examinations for parasitic diseases; nutrition laboratory equipment for food product analysis at the MOPH; and protein extruder/food processing equipment for the Institute for Food Research and Product Development, Kasetsart University). Offshore training provided under this project will emphasize administrative, technical, and advanced academic skills for which training is not available in Thailand. In accordance with Section 114 of the FAA of 1961, as amended, no U.S.G. provided funds shall be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortion.

Direct-hire mission staff will work with health and family planning personnel to identify and help resolve problems consequent to program development and to coordinate the U.S. assistance effort with the RTG and other donors. Consultants will be recruited to work in specialized project areas identified by the RTG and USOM, including the transfer of new skills/information, and providing help on the design of new project initiatives.

In addition to the advisory services, commodities and training grants outlined above, USOM will also make available in FY 1975 funds ($41,000) for research grants to local academic/research institutions. These grants will have two purposes: (1) to resolve specific research questions relevant to achievement of program objectives; and (2) to improve, through use, the existing programmatic research capability of local research resources. The Mission intends to maintain a high degree of flexibility in awarding these research grants, though a number of likely areas of study are indicated below.

Finally, the RTG and USOM intend to seek AID/W funding in FY 1975 to support the development of a pilot project to test optimum "packaging" possibilities for nutrition/family planning information and services. A detailed proposal will be submitted to AID/W in November 1974. USOM considers this project to be appropriate to PVO assistance.

Breakdown
Title X | Other

Specific FY 1975 USG project inputs into the Health and Population Planning Project are porposed as follows:

1. Personnel

(a) Direct-Hire:

1. Principal Health Officer (12 m.m.))
2. Population and Health Advisor (12 m.m.)) Operating Expenses
3. Assistant Population Advisor (12 m.m.))
4. Nurse-Midwive Training Advisor (6 m.m.)

Man-months : 6

Cost : $30,000 — $30,000

(b) Contract:

1. Health Assessment Team (MOPH) (Program Evaluation) 1/

Man-months : 2

Cost : $10,000 — $10,000

2. Population Education (Ministry of Education)*

Man-months : 5

Cost : $30,000 — $30,000

3. National Nutrition Planning (NESDB) (Program Evaluation) 1/

Man-months : 4

Cost : $20,000 — $20,000

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*AID/W is currently funding a two-year Task Order with World Education Inc. (WEI), which is assisting the MOE expand its informal literacy training program. The consultant indicated above would work with the MOE to design a plan for inclusion of population education content in the formal curricula of primary and secondary schools.

1/ See BANGKOK 15176 dated September 20, 1974.

4. Demography/Statistics Analysis (RSO)

Man-months : 12

Cost : AID/W (AID/W ea-32)

TOTAL : $60,000 * $30,000 $30,000

2. Training

(a) Population/Family Planning (population dynamics, contraceptive technology, MCH/family planning, population education, statistics).

			Title X	Other
1. Long-term, U.S.	9 (108 m.m.)	$ 86,400	$ 52,700	$ 33,700
2. Short-term, U.S.	7 (29 m.m.)	$ 36,300	$ 22,100	$ 14,200
3. Third-Country	20 (20 m.m.)	$ 20,000	$ 12,200	$ 7,800
4. Extensions	39 (63 m.m.)	$ 50,400	$ 30,000	$ 20,400
		$193,100	$117,000	$ 76,100

(b) Rural Health/Nutrition (health planning, epidemiology, food science, health administration, health education).

1. Long-term, U.S.	4 (60 m.m.)	$ 38,400		$ 38,400
2. Short-term, U.S.	6 (24 m.m.)	$ 30,000		$ 30,000
3. Extensions	18 (24 m.m.)	$ 19,200		$ 19,200
		$ 87,600		$ 87,600
	TOTAL	$280,700	$117,000	$163,700

3. Commodities

(a) Oral Contraceptives (1,690,000 cycles) : $338,000 $338,000

*As of this writing, AID/W is reviewing an APHA/RTG Agreement to commence an AID/W-funded DEIDS project in Lampang Province. This Project, if approved for implementation in Thailand, will contribute to the MOPH planning process by testing alternative delivery systems for integrated health services. Particular attention will be given to innovative uses of paramedical health personnel. (It will involve approx. $733,000 in FY 75-FY 76).

**AID/W Centrally-funded.

			Title X	Other
(b) Medical supplies and equipment	:	$120,000	$120,000	--
1. IUD-insertion kits : $40,000				
2. Tubal-ligation kits : $25,000				
3. Vasectomy kits : $15,000				
4. Misc. (sterilizers, obstetrical tables, pharmaceuticals) : $40,000				
(c) Microscopes (30)	:	$ 15,000*	--	$15,000
(d) Population education materials (books, charts, films, etc.)	:	$ 2,000	$ 2,000	--
(e) Nutrition laboratory equipment	:	$ 8,000*	--	$ 8,000
(f) Protein extruder equipment	:	$ 12,000*	--	$12,000
(g) Nutritional supplements (e.g. vitamin A, flour fortificants, iodine).	:	$ 15,000	--	$15,000
(h) Data-processing (computer and program-time at a local USG facilities).	:	$ 8,000	$ 8,000	--
Total (not including AID/W funded oral contraceptives)	:	$180,000	$130,000	$50,000
4. Other Costs	:			
(a) Research grants to local institutions	:	$ 41,000	$ 40,000	$ 1,000
1. Contraceptive/fertility research.				
2. Family planning program (demographic) effectiveness.				
3. Fertility determinants.				
4. Village Health Worker study.				
5. Community incentives.				
(b) Pilot study: nutrition/family planning feasibility study (PVO activity) - AID/W funds.				
Net Total	:	$592,000	$347,000	$245,000
TOTAL (including AID/W - funded oral contraceptives).	:	$930,000		

*Originally scheduled for FY 1974 obligation, but deferred to FY 1975.

B. Royal Thai Government (RTG) Inputs:

The RTG financial effort in support of this project can be seen in three separate areas of its FY 75 budget as proposed by The Cabinet, and is being processed in the National Legislature. The primary RTG contribution is within the regular MOPH budget of $75,000. Since health, nutrition and family planning services are integrated health functions of the rural health system, a sorting process is required to determine the shares of the total budget being channeled to the rural health system and to separate categories such as urban hospitals, research, etc. While a comprehensive analysis of the MOPH budget has not yet been done, a study concentrating on family planning activities suggest that approximately $1,500,000 of the regular MOPH budget represents the allocation of budgetary and manpower resources of support to the family planning program. (For the methodology see "A Preliminary Cost Analysis of the National Family Planning Program in Thailand, 1968-71", NFPP, 1972).

The second source of support is the MOPH's contribution of local currency equivalent to $800,000 direct budgetary support (line item in Regular Budget - in addition to the $1.5 million indirect budget) for the National Family Planning Project (NFPP) of the MOPH. Of this $800,000 the MOPH expects to use $300,000 in FY 1975 to purchase oral contraceptives.*

Third, the RTG will (through DTEC) provide local funds equivalent to $750,000 as direct counterpart project support for family planning/population activities, and $450,000 for rural health/nutrition related activities. Additionally, DTEC will support participant training by funding international travel estimated at more than $38,000.

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*In FY 1973 the Mission obtained the agreement of the RTG to purchase an increasing share of its oral contraceptives from RTG resources. (During and prior to FY 1973 AID provided 100% of RTG orals requirements). According to that agreement, the RTG would purchase 25% of its (baseline FY 1973) orals requirement in FY 1974, 50% in FY 1975, 75% in FY 1976, and 100% thereafter. The FY 1973 requirement was 4 million cycles. In FY 1974 the RTG met its commitment by purchasing one million cycles; plans to purchase two million cycles in FY 1975; three million cycles in FY 1976; and four million cycles in FY 1977. In order to encourage continued increases in oral contraceptive usage, however, the Mission is considering proposing an extension of this agreement with RTG, whereby a "floating proportion" formula could be applied to the RTG commitment. Under such an amendment to the earlier agreement, the U.S. might agree to apply the declining-share formula to each year's (i.e. beyond FY 1973) incremental pill requirements. For example, if the FY 1975 requirement were six million cycles, the U.S. in FY 75 would provide 50% of the FY 1973 base (2 million cycles) plus 75% of the two million cycle increase (1½ million cycles), plus an additional three million cycles for the pipeline.

(continued)

Total USG Contribution	:	$ 930,000
Total RTG Contribution	:	$3,088,000 1/

C. Other Donor Inputs (FY 1975)

1. Family Planning/Population:*

UNFPA: Approximately $1.3 million for a pilot MCH/FP program; subsidies for sterilizations; medical equipment and supplies; vehicles and motorcycles; Depo-Provera; a national FP public information program; fellowships; advisory assistance; enlarging FP services in Bangkok Municipality.

Population Council: $500,000 for fellowships; advisory assistance; research, staff support for NFPP (MOPH) headquarters and Institute for Population Studies (Chulalongkorn University); IUD's.

IPPF: Approximately $300,000 budgetary support for the Planned Parenthood Association of Thailand (PPAT), plus $300,000 to support a pilot contraceptive distribution project. ("Community-Based Family Planning Service Project". See TOAID A-284, dated 8/21/74).

(total: 7 million cycles in FY 1975). In FY 1976, the USG would provide 25% of the FY 1973 base (1 million cycles), plus 50% of the earlier increment (1 million cycles), plus 75% of the projected 1975-1976 increment, plus a similar quantity for the pipeline. It is estimated that FY 1976 USG purchases will total approximately 7 million cycles. This approach would prevent the 4 million level becoming a ceiling, because of RTG budgetary priorities, and our forthcomingness in financing increments above 4 million would tend to escalate the supply level - through - put - usage.

*Donor contributions to population/family planning activities are formally coordinated in two ways; (1) by the RTG Department of Technical and Economic Cooperation (DTEC), which is the RTG coordinating and negotiating agency vis external donors; and (2) by the National Family Planning Coordinating Committeee, chaired by the Minister of Public Health, with representative from DTEC, NESDB, BOB, other RTG and non-government agencies participating in the population program, and various donors including USOM, Population Council, UNFPA, and IPPF. DTEC similarly coordinates various donor contributions in the health sector.

1/ The RTG contribution to this project exceeds the 25% host country contribution requirement.

2. Health/Nutrition

WHO: Approximately $700,000 (not including UNFPA funds) for malaria eradication; nursing education and training; health planning/administration, national laboratory services; quality control for food and pharmaceuticals.

New Zealand: Supporting the development of a regional health services complex in Khon Kaen, Northeast Thailand.

D. Assumptions about Management of Inputs

1. The RTG, the U.S. and other donors will support health, nutrition and family planning activities at projected manpower and budgetary levels.

2. Donor-provided support will be used for its intended purposes.

3. Responsible RTG counterparts will be provided for donor-financed consultants; consultant recommendations will be observed by the RTG.

4. The kinds of donor inputs being contributed are essential to the successful conduct of RTG health, nutrition and family planning programs.

V. RATIONALE

This is a one-year, interim project intended to continue provision of essential commodity, training and advisory support to the RTG during a period of MOPH reorganization, assessment and planning for future RTG programs in health, nutrition and family planning. A portion of the assistance provided this year (e.g., consultants for a health sector assessment, national nutrition analysis, and population education; feasibility test of nutrition/family planning delivery systems) supports development of these future RTG program initiatives. To a limited extent, then this PROP is a partial preamble to a forthcoming multi-year (FY 1976-) PROP which will describe the assistance strategy briefly outlined in the Introduction. Implementation of this new assistance strategy in FY 1976 will nonetheless depend on successful completion and/or resolution of contingencies also noted in the Introduction.

The project involves an integration of formerly separate assistance activities (health/nutrition and family planning/population) partly because of the one-year "project bridge" nature of the program, but primarily out of recognition of the operational inseparability of health, nutrition and family planning services in Thailand. All are functions of the rural health system, and the capability and

adequacy of each depends largely on the adequacy of the overall health delivery system. Adoption or non-adoption of family planning, furthermore, is strongly suspected to be influenced by family health and survival factors, especially those effecting children. The health and nutrition elements of this project address these factors.

Population-related assistance for non-MOPH agencies of the RTG (NSO, NESDB, Ministry of Education) is provided to encourage the development of a broader-based, multi-sector population program for Thailand. This "population" aspect of RTG efforts is expected to expand markedly during the Fourth Plan period (1977-81).

VI. COURSE OF ACTION:

Implementation Plan	Total	Cumulative
1. First Quarter (July-September, 1974)	$6,000	
(a) FY 1975 PROP submission to AID/W.		
(b) Personnel obligations		
(1) Direct-hire	$6,000	
2. Second Quarter (October-December, 1974)	$289,000	$295,000
(a) PIO/P obligations	$133,000	
(b) PIO/C obligations	$140,000, plus no-funds PIO/C for oral contraceptive*	
(c) Personnel obligations		
(1) Direct-Hire	$ 6,000	
(2) Contract (Health Sector Assessment).	$ 10,000	
(d) PVO project proposal (nutrition/FP) submitted to AID/W		

*AID/W-funded value: $338,000

	Total	Cumulative
3. Third Quarter (January-March, 1975)	$217,000	$512,000
(a) PPP submission to AID/W		
(b) PIO/P obligations	$148,000	
(c) PIO/C obligations	$ 40,000	
(d) Personnel obligations:	$ 20,000	
Contract: National Nutrition Planning		
Direct-Hire	$ 9,000	

	Total	Cumulative
4. Fourth Quarter (April-June, 1975)	$ 80,000	$592,000
(a) Personnel Obligations:	$ 30,000	
Contract: Population education		
Direct-Hire	$ 9,000	
(b) Other costs (research grants)	$ 41,000	
(c) Submit PROP/CAP to AID/W		

Net Total	$592,000
Oral Contraceptives	338,000
Grand Total	$930,000

AID 1020-28 (7-71)
SUPPLEMENT I

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

(INSTRUCTION: THIS IS AN OPTIONAL FORM WHICH CAN BE USED AS AN AID TO ORGANIZING DATA FOR THE PAR REPORT. IT NEED NOT BE RETAINED OR SUBMITTED.)

Life of Project:
From FY 1975 to FY 1976
Total U.S. Funding 1984
Date Prepared: 8/30/74

Project Title & Number: HEALTH, NUTRITION AND FAMILY PLANNING

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective to which this project contributes: (A-1)	Measures of Goal Achievement: (A-2)	(A-3)	Assumptions for achieving goal targets: (A-4)
1. Improve the Health Status of the rural poor. 2. Reduce fertility rates in Rural Areas.	1. Reduced motality morbidity rates. 2. Improvements in Nutrition Status (particularly among children ages 1-6). 3. Fertility declines.	1. RTG census of 1980-81 baseline is census of 1970-71. 2. Vital statistics of MOPH. 3. Sample surveys carried out by various local institutions, researchers and agencies. 4. Survey of population change 1974 (NSO). 5. Longitudinal survey of Soc. Econ and POL change (Chula U.) 6. Baseline nutrition data is "The Prevalence and severity of Protein-Calorie Malnütrition in Thailand" NESDB June 1974). 7. Sample surveys of height and weight curves subcutaneous fat of the arms, head circumference, clinical signs of protein - caloric deficiencies, parasites in stool (available in local medical schools).	1. Health, Nutrition and Fertility conditions in rural Thailand depend to a great extent on the availability and utilization of a responsive delivery system of health nutrition and F.P. Services. 2. RTG with the help of external donor assistance will define additional resources. It is prepared to commit over the next several years to accelerate expansion of RTG rural health systems. 3. The RTG will accept donor assistance - provided largely as concessional loans on a matching/reimburseable basis to expand its rural health system. 4. The RTG will be willing to commit a major portion of these donor provided resources (#4) to test in specific areas the impact of new health manpower and additional rural health facilities beyond RTG baseline expansion plans.

AID 1020-25 (7-71)
SUPPLEMENT I

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1975 to FY 1976
Total U. S. Funding 1984
Date Prepared: 8/30/74

Project Title & Number: HEALTH, NUTRITION AND FAMILY PLANNING

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Purpose: (B-1)	Conditions that will indicate purpose has been achieved: End of project status. (B-2)	(B-3)	Assumptions for achieving purpose: (B-4)
1. Improve the capability of existing rural health facilities to provide integrated health, nutrition, and F.P. services. 2. Assist RTG in developing long range plans for health delivery systems (accelerated expansion). 3. Assist RTG to develop evaluation measures of its effectiveness in reducing fertility. 4. Continue to develop greater public awareness of POP/F.P. through introduction of education materials in RTG school system.	1. POP Growth Rate = 2.8%/yr. 2. RTG will have completed assessment of development needs in Health, Nutrition & F.P. 3. MOPH will have commenced trials to test new categories of medical personnel. 4. Non-clinical contraceptives will be available in an 4,500 of the country's rural health facilities. 5. RTG will start planning and analysis toward national nutritional policy for 4th five year plan. 6. Ministry of Education will have prepared action plans for inclusion of POP education in school curriculum. 7. All grades of Fac. or P.H. Mahidol U. will receive POP/F.P. training.	1. Surveys & Samples MOPH & Universities Med. Schools. F.P. Statistics Contraceptive distribution reports. 2. RTG/WHO sector study. 3. DEID reports Field inspection 4. F.P. program records. 5. Consultant reports to NESDB RTG Nat. Nut. committee report. 6. MOED documents. 7. Faculty of P.H. catalog and reports.	1. F.P. Services, delivered as an integrated service through the RTG health system can have a significant impact on the POP growth rate. 2. The private sector is not able to play an important role in the rural areas in F.P. at this time (pricing policy). 3. RTG/WHO sector study will set underway in early CY 1975. 4. A pending reorganization within the MOPH will be completed allowing the ministry to redirect its attention to operational aspects of its rural health program.

AID 1020-28 (7-71)
SUPPLEMENT I

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1975 to FY 1976
Total U.S. Funding 1984
Date Prepared: 8/30/74

Project Title & Number: HEALTH, NUTRITION AND FAMILY PLANNING

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs: (C-1) (Participants) 1. Selected candidates in training in U.S. and Third Countries. 2. Increased number of health facilities offering F.P. services. 3. Increased availability at health clinics, schools and commercial sector of nutritions low-cost food products developed at Kasetsart University. 4. Revised curricula at the Faculty of Public Health to include POP/FP planning courses. 5. Assessment of priority development requirements in health sector. 6. An analysis of National Nutritional needs with recommendations for action for Fourth Five Year Plan. 7. Ministry of Education action plan for including POP education into formal and non-formal curricula in RTG education system. 8. Improved capability of MOPH sanitarians to diagnose and treat parasitic diseases. 9. Usable analytical instruments to assess POP growth and changes.	**Magnitude of Outputs:** (C-2) 1. 328 man-months training. 2. Approx. 4,700 facilities (current: 4,500). 3. Completed marketing feasibility study; products available thru 200 clinics and schools. 4. 8 classes to be offered. 5. 30 rural sanitarians performing stool examinations for parasites.	(C-3) 1. Participant Training Project records. 2. MOPH reports and staffing documents. 3. MOPH & Kasetsart University distribution records. Grantee report on product/mkt. feasibility study to be completed in FY 1975. MOPH, DTEC, NESDB field trip reports. 4. Faculty catalog and reports. 5. Assessment team reports if done jointly or separate agency reports. 6. Report of the subcommittee on national nutrition policy (NESDB). 7. Ministry of Education documents. 8. Disease surveillance and treatment reports in rural health clinics. 9. Completed NSO survey of POP changes - Consultant and staff reports on analysis of 1971 census. - second round survey results of longitudinal survey (Chulalongkorn University).	**Assumptions for achieving outputs:** (C-4) 1. Qualified candidates will be available. 2. MOPH will receive and distribute commodities in a timely fashion. 3. Production of high nutrition foods at Kasetsart University or other places will not be interrupted. 4. Faculty and administration can agree to course content. 5. Existing health records will be made available and are accurate enough to determine. (A) Utilization of facility. (B) Treatment of health problem. 6. RTG F.P. service statistics are sufficiently accurate to allow assessment of programs. 7. Consultants will be available and brought on in a timely manor.

AID 1020-28 (7-71)
SUPPLEMENT 1

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1975 to FY 1976
Total U.S. Funding 1984
Date Prepared: 8/30/74

Project Title & Number: HEALTH, NUTRITION AND FAMILY PLANNING

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Inputs: (D-1)	Implementation Target (Type and Quantity) (D-2)	(D-3)	Assumptions for providing inputs: (D-4)
U.S.		1. USOM records of comptroller, H/PP, Program Offices.	1. RTG, U.S. & Other Donors will support project at projected manpower and budgetary levels.
1. Direct Hire			
- Principal Health Officer	12 MM	2. RTG Ministry records.	2. Inputs will be used for their intended purpose.
- Population & Health Advisor	12 MM		
- Assist. POP Advisor	12 MM	3. Other donor records.	3. Responsible counterparts will be provided for donor financed consultants.
- Nurse-midwife training advisor	6 MM		
2. Contract			4. The kinds of donor inputs are essential to the success of RTG Health, Nutrition and Family Planning Programs.
- Health assessment team (MOPH)	8 MM		
- Population Education (Ministry of Education)	5 MM		
- Contraceptive/FPKT research (MOPH)	8 MM		
- Nat. Nut. Planning (NESDB)	4 MM		
- Demographer/Statistics Analysis (NSO)	12 MM		
3. Training Population/F.P.			
- Long term U.S.	(108 MM) 9		
- Short term U.S.	(29 MM) 7		
- Third Country	(20 MM) 20		
- Extensions	(63 MM) 39		
4. Rural Health/Nutrition			
- Long term U.S.	(60 MM) 5		
- Short term U.S.	(24 MM) 6		
- Extension	(24 MM) 18		
5. Commodities			
- Oral contraceptives			
- Vehicles			
- Medical supplies			
- Nutrition equipment			
6. Research grants to local institutions.			