

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

(Submit in triplicate to contracting officer)

BUDGET BUREAU NO. 24-R0064
Approval Expires May, 1970

1. NAME (Last, First, middle) <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss Charles L. Aird		2. CONTRACTOR'S NAME The Johns Hopkins University	
3. ADDRESS (Include Zip Code) 8337 Beaudet Lane Richmond, Virginia 23235		4. CONTRACT NO. DSPE-C-0055	5. POSITION UNDER CONTRACT Consultant
9. TELEPHONE NO. (Include Area Code) 804-272-7876	11. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (Specify)	6. PROPOSED SALARY \$4,500	7. COUNTRY OF ASSIGNMENT Bangladesh
12. DATE OF BIRTH 08/15/45	13. PLACE OF BIRTH Washington, D.C.	8. DURATION OF ASSIGNMENT One Month	
14. CITIZENSHIP (If non-U.S. Citizen, give visa status) U.S.A.		11. NAMES AND AGES OF DEPENDENTS TO ACCOMPANY (if applicable) NA	

13. EDUCATION (Include all secondary, business college or university training)

NAME AND LOCATION OF INSTITUTION	MAJOR SUBJECTS	CREDITS COMPLETED		TYPE OF DEGREE	DATE OF DEGREE
		SEMESTER HOURS	QUARTER HOURS		
Virginia Polytechnic Insti & St. Univ. Blacksburg, Virginia	Mathematics			B.A.	6/68
Univ. of Virginia, Charlottesville, Va.	Appl'd. Math & Comp. Sci.			M.A.	6/71
Univ. of Virginia, Charlottesville, Va.	Appl'd. Math & Comp. Sci.			Ph.D.	8/73

14. EMPLOYMENT HISTORY

1. Give last three years. Continue on reverse to list all employment related to duties of proposed assignment. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential, or quarters, cost of living or dependent education allowances.

2. Salary definition - basic periodic payment for services rendered.

POSITION TITLE	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Yr.)		SALARY	
		FROM	TO	DOLLARS	PER.
Director, Management Information Systems	Judicial System of Virginia 11 S. 6th. St., Richmond, Va. 23219	7/77	Present	30,000	Year
Adjunct Professor of Information Systems	Virginia Commonwealth University College of Business, Richmond, Va.	1978	1979		
Assistant Professor of Information Systems	University of Petroleum & Minerals College of Industrial Management Dhahran, Saudi Arabia	1974	1977		

17. SPECIFIC CONSULTANT SERVICES (Give last three years)

SERVICE PERFORMED	EMPLOYER NAME AND ADDRESS	DATES OF EMPLOYMENT (Mo., Day, Yr.)		DAILY RATE
		FROM	TO	
Data Processing Information Systems and Project Management	Institute for Court Management San Francisco, California	9/78	2 weeks	135.00
	Institute for Court Management San Francisco, California	11/79	2 weeks	135.00
	Institute for Court Management Denver, Colorado	12/79	2 weeks	135.00

18. LANGUAGE PROFICIENCY

LANGUAGE	SPEAKING			READING			WRITING			UNDERSTANDING		
	Fair	Good	Excl.	Fair	Good	Excl.	Fair	Good	Excl.	Fair	Good	Excl.
French	X			X						X		
Spanish	X			X						X		
Arabic	X									X		

19. SPECIAL QUALIFICATIONS (honors, professional societies, special licenses, publications, research, special skills, and relevant education not previously mentioned; use reverse side of form, if necessary)

20. CERTIFICATION:

To the best of my knowledge, the above facts as stated are true and correct.

SIGNATURE OF EMPLOYEE: *Charles L. Aird* DATE: **6/9/80**

PD-AAH-928

932-0632

151-13625

60-102

Progress Report

Submitted to: Bureau for Development Support, AID
Office of Population, Research Division

Contract No.: AID/DSPE-C-0057

Title: Family Planning Operations Research

Project No.: 932-0632

Period: September 27, 1979 to June 27, 1980

Principal Investigators: John F. Kantner
Zenas M. Sykes, Jr.

Department of Population Dynamics
The Johns Hopkins University
615 North Wolfe Street
Baltimore, Maryland 21205

General Background and Rationale

There has been a long relationship between different units of The Johns Hopkins University and the International Center for Diarrheal Disease Research (ICDDR,B), formerly the Cholera Research Laboratory. In the field of population the closest relationship has been that between the Department of Population Dynamics at Hopkins and ICDDR,B. Several of the principal scientific personnel of ICDDR,B, both past and present, received a part of their professional training at the Department or have been associated with it in other ways. During 1977-79, the Department, with funding from the Center for Population Research of NICHD, engaged in a large undertaking aimed at creating an edited and consolidated file of the population data amassed by ICDDR,B beginning in 1966. This and other projects have gone forward under agreements between the various Directors of the Cholera Research Laboratory and the various Chairmen of the Department.

The demographic data represent a considerable capital investment by AID and possibly by other donors. They will be an important scientific asset to ICDDR,B both as a sampling frame for future studies of the population and as a source of basic information about the dynamics of the population that has been under demographic surveillance. Such information can have considerable value for the interpretation of current demographic changes.

In 1979, ICDDR,B requested that Dr. Shusham Bhatia of their staff be allowed to spend a period of time at the Department for the purpose of working on the analysis of data from the Contraceptive Distribution Project. Subsequently, ICDDR,B further requested that the Department add a person to its staff who would be seconded to Dacca to work with ICDDR,B staff to evaluate the family planning program, oversee the demographic surveillance system and take a major role in making the Center self-sufficient in data processing

and computer analysis.

General Program Objectives

The initial purpose of this project was to provide technical assistance to, and collaboration with, ICDDR,B in collecting, refining, analysing and using demographic and family planning service data from the Matlab area of Bangladesh, for a period of 24 months. Further details of the background and objectives of the Demographic Surveillance and Contraceptive Distribution portions of the project are set forth below.

Shortly after the inception of this project in September, 1979, a new agreement between the Department and ICDDR,B was negotiated and signed. A copy of this agreement is attached to this report. In addition to establishing priorities for work to be carried out under the Demographic Surveillance portion of this project, the agreement specified that the Department would hire a computer specialist for assignment to Dacca during the term of the project. This narrowing of the duties of the advisor, described above, was felt to be imperative given current staffing at ICDDR,B. After a time-consuming search process, the Department selected one of three candidates previously screened by ICDDR,B (Dr. Charles Aird). He is presently in Dacca as a consultant to the Department and ICDDR,B, and will be appointed to staff if all parties are pleased with the term as a consultant. A copy of Dr. Aird's biographical data sheet is attached to this report.

No further changes have been made in the aims of the project. Their general relevance continues to arise from the shortage of staff and facilities at ICDDR,B to carry out the work of this project. It is anticipated that, at the conclusion of the 24-month period, ICDDR,B will have both equipment and personnel ready to take over the maintenance of the demographic files

produced under this project and its predecessor.

Report on Demographic Surveillance Data

The present Demographic Surveillance System of the ICDDR,B had its origins in the Matlab area of Bangladesh in 1963. With the exception of the 1966 census of a portion of the area, all census and registration data collected from May 1, 1966 to April 30, 1976 have been available to the Department of Population Dynamics since 1977. In June, 1979, the Department received birth and death files for events through December 31, 1978. In two years of support by NICHD, basic editing and organization of the data collected before May 1976 (some 770,000 records) was undertaken.

This data set is essentially unparalleled, both for developing countries and for demography in general-- the closest analogues are the Swedish and Norwegian population registers. Records for about 350,000 people now exist for periods of up to 13 years. The nature of the data make further work on cleaning it and in carrying out studies on its contents of great value to research into numerous problems in health and family planning, in addition to the obvious value of such work for demography. Facilities present at Johns Hopkins, but not at the ICDDR,B, imply a continuing necessity for us to improve the files so as to make full use of their research potential. The availability of the data here in readily accessible computer form should be of help to investigators here, at the ICDDR,B, and at other institutions.

Objectives

The objectives of this portion of the project are to perfect and maintain demographic data collected in the Matlab area by ICDDR,B and its predecessor. The data are to be rendered useable for Johns Hopkins, ICDDR,B and others when agreed to by ICDDR,B, for studies in the area of family planning, health

and demography. ICDDR,B management of the data is an ultimate goal. These objectives are unchanged from those specified initially. Their continuing relevance may be illustrated by reference to a special study file recently provided by the Department to Dr. Stanley Becker of ICDDR,B. The file contained a list of birth records after April 1966 for all women currently present in a number of villages, for comparison with pregnancy history data collected from a sample of women in a survey. To compile such a file by hand-matching from annual birth files in the field would have been a laborious, time-consuming process, and yet was fairly routine to produce from the consolidated files developed in the Department. Although the study file still contains errors, primarily of omission, the structure of the Department's files makes it possible to estimate the size of various errors in such study files.

Findings

In organizing and editing the data, we have broken the set down into subgroups consisting of records for time periods bounded at one or both ends by a census. In addition to being convenient, this subdivision is made virtually necessary by the changes made in individual numbering systems used at each census.

1. Data from the Old Trial Area, May 1966 through 1977 census:

Technical difficulties arising from field inconsistencies in applying the 1966 numbering system were overcome just as this project began. After several trials, a satisfactory consolidated file containing events from May 1966 through April 1970 and the 1970 census records for those persons with a valid old VTS number was constructed. A review of the file for a village

of about 2000 population revealed that the major problems lay with inconsistent recording of 1966 numbers on event and census records for the same person, primarily with immigrants and births during the period. These inconsistencies were readily corrected in most cases, and we are now trying to devise procedures suitable for computer processing of the entire file to remove these inconsistencies. This is of some importance since girls born in this period are now attaining marriage age, and linkage of all their records to their birth records is desirable.

2. Data from the Old Trial Area, 1970-74 and from the New Trial Area, 1968-74: The consolidated files for these data were reconstructed, with close controls on records included and not included from the basic data files. All records with inconsistencies from a village were forwarded to ICDDR,B for field checking and recommendations. As a result of this check, ICDDR,B made tentative recommendations for the treatment of inconsistent records, but requested additional data for further evaluation. Data for two additional villages were sent, and we assume they are being checked now. The two major problems with the data for these periods are inconsistencies in age reporting on the various records for a person and the large numbers of persons who have only an entry or an exit record.
3. Data for the period beginning with the 1974 Census: After completing the necessary preliminary work of standardizing formats and editing events after April 1976, a consolidated file was constructed and edited for valid entry and exit records (note that because there is no census at the close of the period, a

person with only a 1974 census or a birth record is assumed present at all times after the date of the entry record).

Review of the records of a village indicated few inconsistencies in the data for this period, both because most people have only one record and because of further improvements in field procedures (for example, the inclusion of both 1974 and old numbers on events where possible). Records for persons with inconsistent old numbers on their various records have been identified, and lists will soon be sent to ICDDR,B for correction.

4. Construction of the consolidated file for the period 1966 on (Domesday book): To construct this large prospective file, various preliminary checks designed to minimize problems arising from changes in numbering systems at each census have been completed. We expect to begin trial construction of the file within a week.
5. Special programs for routine use: In addition to a number of editing programs which we have developed, a program was written to allow enumeration of the population of the area by computer as of any date within the range of our data. In this program, separate attention is given to persons who can be presumed present as of a given date and to those for whom further assumptions must be made. Since members of the latter class are identified, a variety of assumptions about them may be made by an analyst in developing denominators for rates.
6. Special study files: In response to a request from ICDDR,B, a pregnancy history file for all Old Trial Area villages was created. This file, which was described briefly above, required

the creation of both a current population file as of 12/31/78 and a file of births-to-mothers. Both these files will also have other uses in the future.

A further request from ICDDR,B was for linked mortality and census data. We are awaiting further specifications for this file.

Dissemination of Results

Although the Department stands ready to provide study files created from these data to any qualified investigator, and especially to those from developing countries, we are committed to doing so only after receiving the approval of ICDDR,B to release the data. Both because the data are not yet completely ready for research use and because we feel it to be the initiative of ICDDR,B to publicize the wealth of this data resource, we have not made any effort to publicize the availability of these data. We do understand that, especially after transfer of the various files to ICDDR,B, investigators from developing countries will be encouraged to visit ICDDR,B for the purpose of carrying out research utilizing the data.

Contraceptive Distribution Study

Background and Rationale

Bangladesh has had a national family planning program for over a decade. Despite substantial commitment and resources, the program apparently has not reached the rural population with much impact. The 1968 Bangladesh National Impact Survey reported that while 55 percent of married women expressed a desire to cease child bearing and 13 percent were willing to consider contraceptive use, only 1.9 percent and 3.7 percent of the rural and urban popula-

tions, respectively, were actually using a modern method of contraception. Similar disparity between reported desires and actual practice has been noted by other recent surveys, both national and regional. A crucial hypothesis underscored by these studies was that lack of information about, and availability of, modern contraceptive methods were major constraints to program success.

To address this idea, the Cholera Research Laboratory (currently ICDDR,B) in collaboration with the Ministry of Health and Population initiated in October, 1975, a simple but intensive house-to-house distribution program of non-clinical methods of contraceptives (oral pills and condoms) in 150 villages (125,000 population) of the Matlab Surveillance Area, keeping 84 villages (135,000 population) serviced by the regular government program as a comparison group.

After an initial relatively high level of acceptance, continuous evaluation revealed a limited impact after eighteen months. This was due to a combination of a rapid falloff of new acceptors after the initial distribution, combined with low rates of continued use among acceptors.

Two years of experience with this simple but intensive household distribution program confirmed that there existed an unmet demand for contraception in rural Bangladesh. It also suggested that program performance could be improved by substantially modifying both the field structure and the program activities. The modified program which was initiated in October 1977 was introduced in a population of 80,000 residing in 70 villages.

A new cadre of better educated and better trained female village workers (FVWs) backed by stronger field supervision and technical staff were introduced to provide MCH-FP services. The field program was backed

by augmenting the Government family planning clinic at Matlab to provide the full range of clinic based fertility control services.

Objective

The objective of the project is to refine, analyze and promulgate data from the Matlab modified contraceptive distribution program which has been carried out in 70 villages of Matlab thana since 1977. The existence of good demographic data and the opportunity to assess the impact of family planning services on fertility and mortality makes this contraceptive distribution project unique.

Relevance of Project Objectives

The results of the proposed analysis will provide guidance for programs oriented to the rural areas of Bangladesh regarding not only the appropriate mix of technologies that may be offered, but also to what degree reinforcement and back-up services in the rural areas can more effectively maintain contraceptive practice and improve family health and welfare. The results of the modified contraceptive distribution project will be of fundamental importance to the international effort to efficiently and effectively deliver family planning services to rural populations.

Significant Findings and Other Accomplishments

1. Analysis of the service statistics revealed that by the end of the first year 39.2 percent of the eligible couples had accepted a method of contraception and 81.2 percent of them were continuing to practice; the corresponding figures at eighteen months were 45.1 percent and 74.3 percent, respectively.

A definite pattern of contraceptive use had evolved by April, 1979.

Injection DMPA was the most popular method accounting for 49.7 percent of all users. Tubal ligations accounted for 20 percent of all acceptors. This was followed by pills (12 percent), condoms (5 percent), traditional methods (5 percent), IUDs (3 percent), vasectomy and vaginal foam tablets 2.5 percent each.

The ratio of methods accepted to acceptors provides evidence that a large number of women were switching methods. Eighteen months after the program's inception, women had accepted an average 1.3 methods.

2. The cleaning of RKS-II data tape is almost nearing completion.

3. The women on RKS-I are being matched with women on RKS-II.

4. An analysis of socio-demographic characteristics of women who accepted IUDs at the clinic in Matlab prior to the introduction of the modified program is underway. The characteristics of these women are being compared with the socio-demographic characteristics of women who accepted IUDs after the modified program was introduced. The findings suggest that the latter group of women were much younger (median age 25 years as compared to 34 years of pre-program acceptors) and of lower parity (3.3 pregnancies versus 7.7 pregnancies). A large number of them were using IUDs to space the pregnancies as compared to the pre-program acceptors who were using IUDs as a terminal method.

Efforts to Disseminate and Utilize Research Results

(1) The results of all the analysis attempted are sent to the ICDDR,B.

(2) A paper on the training of community distributors was presented at the Psycho Social Workshop at Denver in April, 1980.

(3) The following articles based on the findings of the program and some on the service delivery aspects have been submitted for publication:

(a) The Matlab Family Planning Health Services Project:

Shushum Bhatia, W. H. Mosley, A.S.G. Faruque and J. Chakraborty.
(June 1980 issue of Studies in Family Planning).

The report describes the various program modifications and analyzes the results of the fertility control activities in the first 18 months of effort, comparing the results with the experience of the previous contraceptive distribution project.

(b) Assessment of Menstrual Regulation Performed by Paramedics in Rural Bangladesh: Shushum Bhatia, A.S.G. Faruque, J. Chakraborty.
(June 1980 issue of Studies in Family Planning.)

The paper describes and evaluates the performance of menstrual regulation procedure by Bangladeshi lady family planning visitors in one clinic located in Matlab and in four subcentre clinics. It also analyzes the feasibility of utilizing the M.R. procedure for evaluating uterine contents of up to nine weeks since the first day of the last menstrual period. The complication rates of the procedures compare favorably with rates reported by other researchers where the procedures were performed by physicians. (Funds for the M.R. program were provided from the core resources of the Bangladesh Government to ICDDR,B.)

(c) The Training of Community Workers - The Experience of Bangladesh: Shushum Bhatia. (To be published in early 1981 issue of Studies in Family Planning.)

The article describes the socio-demographic characteristics, the selection process and the training imparted to the female

village workers of the modified contraceptive distribution project.

- (d) Traditional Childbirth Practices - Implications for a Rural MCH Program: Shushum Bhatia. (To be published in the early 1981 issue of Studies in Family Planning.)

The report describes the traditional taboos and practices associated with pregnancy, childbirth and puerperium in the villages of Matlab thana in Bangladesh, and discusses the implications for the organization of a simple maternal and child health care program in the area.

<u>Category</u>	<u>Funds</u> <u>Obligated</u> 9/28/79- 9/27/80	<u>Contraceptive Distribution</u> <u>Project</u>		<u>Demographic Surveillance</u> <u>System</u>		<u>Total</u> <u>Expenditures</u>
		<u>Actual</u> <u>Expenditures</u> 9/28/79- 5/31/80	<u>Estimated</u> <u>Encumbrances</u> 6/1/80- 9/27/80	<u>Actual</u> <u>Expenditures</u> 9/23/79- 5/31/80	<u>Estimated</u> <u>Encumbrances</u> 6/1/80- 9/27/80	
Salaries	115,850	18,738.56	18,276.86	22,060.94	17,219.58	76,295.94
Fringe Benefits	19,516	3,279.25	3,198.99	3,860.66	3,155.41	13,494.31
Travel + Transportation	24,300	2,227.47	7,200.00	-0-	-0-	9,427.47
Overseas Allowances	11,000	-0-	11,000.00	-0-	-0-	11,000.00
Other Direct Costs	24,401	782.16	9,100.00	508.16	5,000.00	15,390.32
Total Direct Costs	195,067	25,027.44	48,775.85	26,429.76	25,374.99	125,608.04
Indirect Costs	<u>100,223</u>	<u>14,766.20</u>	<u>18,927.97</u>	<u>15,593.55</u>	<u>13,933.77</u>	<u>63,221.49</u>
TOTAL	295,290	39,793.64	67,703.82	42,023.31	39,308.76	188,829.53
				Balance Unobligated		\$106,460.47

Explanatory Notes on Expenditures to Date

Salary

The balances which remain were not utilized due to the four following reasons:

- (1) The off-campus Research Associate has not yet been hired.
- (2) A part-time Research Assistant will only utilize approximately 39% of the position shown as 50% on both projects.
- (3) Dr. Bhatia was several months late in arriving, leaving a balance of \$5,000 for this budget period.
- (4) A.K.M.A. Chowdhury was not hired for \$2,000 shown on the Demographic Surveillance System.

Travel and Transportation

The travel expenditures to date cover the cost of Dr. Bhatia travelling from Bangladesh to Baltimore, and to Denver to the Population Association meeting in March.

The estimated expenditure of \$7,200 will cover the round trip costs of sending Dr. Aird, his wife and two young children to Bangladesh, if he accepts the position in September.

Other Direct Costs

There have been minimal routine expenditures to date. The estimated encumbrances on the Contraceptive Distribution Project (\$9,100) includes travel and consultation fees for Dr. Aird's trip to Bangladesh (June/July), plus other routine office expenses and computer charges. The estimated encumbrances on the Demographic Surveillance System Project (\$5,000) cover the cost of computing for the balance of the budget period. An extension was granted by NICHD on the grant for the Matlab research and computer charges thru May 31, 1980 have been made to that account, resulting in a saving of computer funds on this budget.

Overseas Allowances

If Dr. Aird is hired for this position in Bangladesh, it is anticipated that he will move in September, thereby spending the \$11,000 required for shipping of household goods, etc.

Work Plan and Budget for Year Two

Demographic Surveillance Portion: Within the next three months (i.e., by the end of the first year of this project), we expect to have completed construction and editing of the consolidated file from 1966 or 1968 on. We hope that we shall have received recommendations from ICDDR,B by then concerning treatment of cases with inconsistent records. Given that progress, our plans for the second year are as follows:

1. Prepare for, and complete by the end of the year, the installation of the various files developed at Johns Hopkins at ICDDR,B.
2. Collaborate with ICDDR,B in developing computer procedures for the maintenance and updating of these files.
3. Incorporate any additional data into our files, as desired by ICDDR,B. The three most important files now missing are the 1966 census, migrants from May, 1976 to December, 1978, and registration data for 1979.
4. Prepare any special study files requested by ICDDR,B for either its own use or that of a project the Center approves.
5. Continue attempts to correct inconsistencies in the files.
6. Construct a current population file for the current Reduced Trial Area, including data specified by ICDDR,B, and edited event files (births, deaths, migrants).

Contraceptive Distribution Portion: In addition to the work plan submitted in the earlier proposal, I plan to study among the postpartum pill acceptors, the effects on intervals to resumption of menses and next conception and duration of lactation. The objectives of the study are:

1. Determine if women in postpartum amenorrhea who begin pill use and discontinue within a short period are as likely to return to lactational amenorrhea as if they had not accepted the pill.

Also, determine for all pill acceptors and for subsets of acceptors who discontinue within specified periods of time, if the expected delay to the next pregnancy is greater than the expected delay for comparable women who did not accept the pill.

2. Determine if pill acceptors have longer breastfeeding than comparable women who do not accept the pill.

The study will be done in collaboration with the staff at ICDDR,B Dacca, since the above study will be utilizing matched controls (from among the non-acceptors) for the pill acceptors in the RKS-II.

Contraceptive Distribution Project

Salaries

Personnel

John F. Kantner	Principal Investigator	15%	7,517	
Judith Gehret	Systems Analyst/Programmer	30%	6,645	
Shushum Bhatia	Research Scientist	100%	25,500	
Charles Aird	Research Associate	100%		39,750
Marta Pramschufer	Secretary	10%	1,375	
To Be Hired	Research Assistant	50%	6,050	
Fringe Benefits (19%/15%)			8,947	5,963
Total Salary and Fringe Benefits			56,034	45,713

International Travel and Transportation

U. S. Travel			500	
International Travel			4,000	3,500
Local Overseas Travel				500
Total Travel			4,500	4,000

Allowance

12,000

Other Direct Costs

Supplies (includes xeroxing, office supplies, telephone + telegraph tolls)			600	
Computer charges			4,000	
Total Direct Costs			65,134	61,713

Indirect Costs

35,172 17,280

On-Campus	54%			
Off-Campus	28%	<u>TOTAL</u>	100,306	78,993

TOTAL BUDGET \$179,299

Demographic Surveillance System

Salaries

Personnel

Zenas Sykes	Principal Investigator	50%	20,650
Helen Hiltabidle	Systems Analyst/Programmer	50%	9,060
Janice Leikach	Programming Assistant	100%	11,030
Nelva Hitt	Secretary	20%	2,125
To Be Hired	Research Assistant	50%	6,050

Fringe Benefits (19%) 9,294

Total Salary and Fringe Benefits 58,209

International Travel + Transportation 10,800

Other Direct Costs

Supplies (includes xeroxing, office supplies, telephone + telegraph tolls)	600
Rental of computer terminal + related telephone line	1,920
Computer Charges	<u>18,000</u>

Total Direct Costs 89,529

Indirect Costs 54% 48,346

TOTAL \$137,875

Explanatory Budget Notes:

Contraceptive Distribution ProjectSalary

The percent of effort for all personnel on this project remains the same as in Year I. The salary level for the Research Associate in the Off-Campus location is approximately \$15,000 more than originally anticipated.

Travel

On-Campus Budget: \$4,000 is budgeted for one trip for Dr. Bhatia to go to Bangladesh to consult on the project and for her return trip to Bangladesh.

Off-Campus Budget: \$3,500 is budgeted for one two week trip for Dr. Aird to return to Baltimore for consultation on the project.

Other Direct Costs

All other items remain essentially as they were in the original business proposal.

Demographic Surveillance SystemSalary

The percent of effort for all personnel on this project also remains the same as projected in Year I.

Other Direct Costs

All other budget items remain essentially as they were in the original business proposal.

Indirect costs for both projects have dropped from 59% to 54% for On-Campus and from 32% to 28% for the Off-Campus allocation effective 07/01/80.

Agreement for Collaboration

between

International Centre for Diarrheal Disease Research, Bangladesh

and

The Johns Hopkins University Population Center

December 1, 1979

**Agreement for Collaboration Between the
International Centre for Diarrheal Disease Research, Bangladesh
and The Population Center of the Johns Hopkins University**

- **Area of research collaboration:** Demographic research, specifically the provision by Johns Hopkins of assistance in the preparation, documentation, and management of the Demographic Surveillance System files. (See annexes 1 and 2)
- **Duration:** For a period of two years from the above date with the expectation that by amendment the agreement will be extended after that period.
- **Coordination:** For ICDDR,B - Dr. W. B. Greenough III
For JHU Population Center - Dr. J. F. Kantner III

1. Basis for agreement

There has been a history of collaboration between ICDDR,B (formerly the Cholera Research Laboratory) and The Johns Hopkins University. This agreement seeks to clarify that relationship and provide a modality for its continuation. This document outlines certain collaborative activities and provides for the addition of other projects or activities by mutual agreement and subject to the terms and provisions outlined below.

2. The International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B)

The International Centre for Diarrhoeal Disease Research, Bangladesh (the Centre) was established in Dacca, Bangladesh on the institutional foundation developed by the Cholera Research Laboratory in its 18 years of existence under an Ordinance promulgated on December 6, 1978.

The Centre was chartered as an independent, international, nonprofit institution under the laws of Bangladesh by Presidential Ordinance, and is governed by an international Board of Trustees with a majority membership from developing countries.

The aims and objectives of the Centre according to the Charter are as follows:

- a. To function as an institution to undertake and promote study, research, and dissemination of knowledge in diarrhoeal diseases and directly related subjects of nutrition and fertility, with a view to developing improved methods of health care and for the prevention and control of diarrhoeal diseases and improvement of public health programs with special relevance to developing countries.
- b. To provide facilities for training to Bangladeshi and other nationals in areas of the Centre's competence in collaboration

with national and international institutions.

The Centre is governed by an independent Board of Trustees selected as specified in the Charter. The Trustees will formulate policy and review the progress of the programmes of the Centre. The Centre's policies and programmes are implemented through the Director.

The Director is responsible for administrative, legal, and fiscal management, staff appointments, scientific coordination and management, physical plant development, and institutional development, including negotiation of external resources.

The Centre's scientific programme is organized into six working groups, each focused on a problem area related to diarrhoea. These groups conceive and implement the specific research and training protocols through which the overall goals of the Centre are approached. There are five research working groups. The Transmission Group focuses on how the agents which cause diarrhoea are spread and in what ways transmission may be interrupted. The Host Defense Group seeks to understand better resistance to diarrhoea-causing microbes by the body. The Pathogenesis and Therapy Group aims to elucidate mechanisms of illness and how best to treat diarrhoea. The Nutrition Group seeks to identify ways by which diarrhoea interferes with nutrition and how poor nutrition enhances susceptibility to illness. The Community Services Research Group examines ways in which established technologies can swiftly and efficiently be brought to bear to the benefit of people and communities, and is responsible for demographic research.

The Training, Extension and Communication Group translates the Centre's commitment to propagate proven technologies and strategies to national and other groups involved in diarrhoea control and health care services in developing countries.

ICDDR,B collaborative protocols with other institutions are reviewed by a Scientific Review Committee as well as an Ethical Review Committee.

An Ethical Review Committee, at present named the Review Board on the Use of Human Subjects, is responsible for review of all protocols generated by the Centre's scientists and other collaborating individuals and groups. The majority of Committee members are from outside the ICDDR,B. When indicated, the Committee invites consultants for reviewing particular protocols representing a field that needs external input not available within the Committee. No work in the Centre involving human subjects may be undertaken without the approval of the Committee. This Committee operates under strict guidelines and procedures which are consistent with those of WHO and have been certified as meeting the standards required by the United States Department of Health, Education and Welfare.

3. The Johns Hopkins University Population Center

The Population Center is part of the Johns Hopkins School of Hygiene and Public Health for administrative purposes but is responsible to a Board headed by the Provost of the University for its programs and scientific activities. The Center maintains an Information Unit, a Data Processing

Unit, an Electronmicroscopy facility, and a mathematical and statistical consulting service. Also part of the Center is the Population Information Program which produces Population Reports and operates and manages a computer based information retrieval system, Popinform/Popline.

The Population Center receives its major funding from the National Institute of Child Health and Human Development (NICHD) of the U.S. Department of HEW and from the U.S. Agency for International Development (USAID). NICHD grant funding supports the Center's core facilities; USAID, through contracts for specific activities, is the source of funds for the JHU contribution to the activities described in Annexes 1 and 2 of this document.

As a University-wide organization, the Center can serve as a route of access to University faculty and facilities relevant to population research. It could also facilitate the exchange of faculty, students, and other employees between the two institutions should that appear to be of mutual interest.

4. Proposed research collaboration for 1980-81

Data deriving from the operation of the Demographic Surveillance System (DSS) have great potential for the analysis of population trends and interrelationship in an agrarian society. To further work with these data it is proposed to send a Hopkins employee on deputation to ICDDR,B for the purpose of assisting in the successful transfer of data files from JHU to ICDDR,B and the development and installation of appropriate software systems (See Annex 1). In connection with further work on the DSS, certain activities for which the larger computer installation at JHU are needed will be carried out (See Annex 2).

Costs and obligation

U.S.A.I.D. contract funds are available to cover the costs of providing a computer analyst and the work on the DSS that is to be performed in Baltimore plus some travel money. On its part, ICDDR,B will make available staff and facilities necessary for field activities required to followup on problems identified in the course of data editing. In addition, when necessary, ICDDR,B will provide housing and ground transportation for persons, other than the resident advisor, who are in Dacca on business relevant to this agreement.

With respect to the Resident Advisor, it is agreed that as a person on deputation to ICDDR,B he will be covered as are regular employees of the Centre by the general provisions of the agreement between ICDDR,B and the Government of Bangladesh.

William B. Greenough III
Director, ICDDR,B

John F. Kantner III
Director, Hopkins Population Center

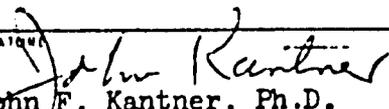
CONTRACTOR'S CERTIFICATION (To be completed by responsible representative of Contractor)

A. I hereby certify that (check one):

- The initial salary proposed herein meets the salary standards prescribed in the contract.
- The salary increase proposed herein conforms to the customary policy and practice for this organization for periodic salary increases.

B. JUSTIFICATION OR REMARKS:

Dr. Aird's current salary as reported to me on the phone is \$30,000. In addition Dr. Aird informs me that his consulting fee as of 1 year ago with an agency of the United States government was set at \$135.00. In view of his additional experience since that time I feel that he is fully entitled to a daily rate of \$150.

SIGNATURE  John F. Kantner, Ph.D.	TITLE Chairman and Project Director	DATE 12 June 1980
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Annex 1: Resident Computer Analyst

JHU with USAID funds is seeking to hire a computer analyst who would be resident in Dacca on deputation to ICDDR,B to organize, coordinate and control the operation of IBM System 34 Computer and to arrange appropriate linkages with higher level computer systems of the Bangladesh Bureau of Statistics, Engineering University and other organizations.

This person will be in charge of the computer system and will schedule jobs, allocate resources in data processing, communicate with users departments, maintain a system library, arrange training programmes and devise effective procedures for security.

Choice of an appropriate individual will be mutually agreed to by ICDDR,B and JHU. Until a resident advisor for this purpose is located and on board, it is anticipated that JHU will endeavor to supply short term consultation regarding problem associated with the operation of the Centre's newly acquired computer and with the relationship of the Centre to the computer environment in Dacca.

Annex 2: The D.S.S. Project

Principal Investigators: Dr. S. D'Souza (ICDDR,B), Dr. Z. Sykes (JHU)

Data stemming from the D.S.S., Matlab, now constitutes a unique Third World resource for the analysis of demographic trends and inter-relationships. Due to historical circumstances and the lack of adequate computer facilities in Dacca, computerized management of the data has been done at Hopkins.

ICDDR,B management of the data set has become an urgent priority of the Center. The purchase of the IBM-34 will go some way in this direction. The presence of higher level computer facilities in Dacca (IBM-370 at the Bangladesh University of Engineering and Technology) should make total transfer of a "cleaned" data set to Dacca possible within a "time bound" transition period. The purpose of the ICDDR,B-JHU collaborative DSS project has this main objective.

Funded by USAID, JHU will produce:

- (a) the original data (censuses, births, deaths, migrants)
- (b) the current edited version of each data file (these will come eventually from the consolidated file);
- (c) the current consolidated file, a source for retrospective studies and for special study files (this is now known locally as "yeti");
- (d) a Domesday book, containing all records we have ever had, and organized as the consolidated file;
- (e) a current population file, for use as a sampling frame and as an index to the consolidated file;
- (f) study files, such as infant mortality or birth interval records; and
- (g) other relevant files.

The above mentioned current consolidated file will be capable of yielding:

- (a) merged information for checking consistency of individual records;
- (b) standard summaries over time (a census may be taken as of any point in time);
- (c) linked records, both for retrospective studies and for the design of prospective studies; and
- (d) a sampling frame for the design of other retrospective or prospective studies in the future.

In addition, with ICDDR,B approval, JHU will document the data files for other users and provide data summaries to approved research projects (at cost).

ICDDR,B will conduct relevant surveys and enumeration checks in order to validate, maintain, and otherwise contribute to the data base.

JHU will provide a computer analyst who will act as a liaison person between the two institutions and who will move towards the main objective of transferring to ICDDR,B the management and use of the DSS data.

Tentative Timetable:

1st Year: JHU will provide:

1. monograph for the period preceding the 1974 census
2. special study tapes, in particular SES and pregnancy history to be sent to ICDDR,B
3. current population register for reduced area as of 1978 if feasible

ICDDR,B will supply corrections as feasible.

2nd Year: Transfer of corrected data tapes and files from JHU to ICDDR,B.

Draft ^F ~~2, May 21, 1982~~

ESG

ISN 619

PD-AAH-928

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Presents contractor's report for the period 9/79-6/80 in a project to assist the International Center for Diarrheal Disease Research (ICDDR) to analyze family planning data from Bangladesh's Matlab area.

Data organization and editing is nearly complete. Consolidated files were constructed/reconstructed for the Old Trial Area, 5/66-1977; the New Trial Area, 1968-74; and for the period beginning with the 1974 census. Construction of a consolidated file for the period from 1966 on will begin within a week. Also, a computer program allowing population enumeration from any date within data range was developed, as was a pregnancy history file; creation of a mortality and census data file awaits further specifications from ICDDR/B, without whose approval no data will be ^{published.} publicized.

Analysis of data from the modified intensive house-to-house contraceptive distribution program in 70 villages in Matlab shows that a definite pattern of contraceptive use had evolved by 4/79 and that women had accepted an average 1.3 methods 18 months after program inception. A socioeconomic profile of women using IUD's prior to the program is underway.