

I. PROJECT IDENTIFICATION

1. PROJECT TITLE

Program in Voluntary Sterilization

2. PROJECT NO. (N.O. 1095.2)
931-11-590-968

3. RECIPIENT (specify)

COUNTRY _____

REGIONAL _____ INTERREGIONAL _____

4. LIFE OF PROJECT

BEGINS FY **72**

ENDS FY **75**

5. SUBMISSION **3/27/72**

ORIGINAL DATE

REV. NO. DATE

CONTR./PASA NO. _____

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

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US _____ (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT (B) BUDGET	
1. PRIOR THRU ACTUAL FY												
2. OPRN FY	876											
3. BUDGET FY	528											
4. BUDGET +1 FY	550											
5. BUDGET +2 FY												
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	1,954											

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER Foster Parmelee/W. Boynton, M.D.	TITLE Project Manager	DATE 3/27/72
2. CLEARANCE OFFICER R. T. Ravenholt, M.D.	TITLE Director, IA/POP	DATE

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

3. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
NESEA/TECH	<i>cleared by FISE Maurice</i>	4/11/72	APR/TAC	<i>cleared by memo Princeton Lyman</i>	4/6/72
SA/IR/TECH	<i>cleared by memo Robert Johnson</i>	3/31/72	VN/ND	<i>cleared by Phelps Don Goodwin memo</i>	4/6/72
LA/DP	Jack Heller		TA/PM	K. S. Levick	4/17/72

3. APPROVAL AAS OR OFFICE DIRECTORS

SIGNATURE <i>B. N. Bitterfield</i>	DATE <i>3/27/72</i>
TITLE <i>AA/IA</i>	

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

SIGNATURE	DATE

PD AAJ-581
ISU 1085

Proj. 932-0968/43
PN-

PROGRAM OF VOLUNTARY STERILIZATIONA. Goal1. Statement

To assist family planning programs in LDCs to cope better with problems of population growth by making fuller use of currently available means of fertility control. This project aims to support this goal through the gradual establishment, in cooperation with LDC individuals and organizations, of a comprehensive and coordinated program to stimulate a greater awareness of, support for, and utilization of voluntary sterilization throughout the world.

2. Measurement of Goal Achievement

Program reports and surveys will provide the measure of progress, through intermediate objectives, toward the final goal of establishing voluntary sterilization as an important contribution to the overall family planning effort of reducing births. The intermediate objectives will be:

- a. identification of individuals and organizations in LDCs ready, willing and able to participate in sterilization activities in a non-provocative, legal and acceptable manner.
- b. training of local personnel in modern methods of sterilization;
- c. providing facilities, equipment and supplies, and I&E materials;
- d. rendering voluntary sterilization services; and
- e. establishing local associations or chapters for voluntary sterilization.

3. Basic Assumptions

- a. The decline of birth rates in developing countries can be significantly accelerated by the provision of voluntary sterilization services.

- b. Adequate technology of voluntary services can be made available.
- c. Individuals and organizations in LDCs will accept voluntary sterilization assistance now and they can build the climate for acceptance later.
- d. Appropriate voluntary sterilization services will be utilized by an adequately informed population.

B. Project Purpose

1. Statement

This project will have two major purposes:

First, to introduce an action program in voluntary sterilization ^{those} into/developing countries where people and organization(s) are ready and willing to participate in this activity, but where voluntary sterilization is not yet practiced; and secondly, to increase and improve the utilization of voluntary sterilization practices where it already exists.

2. Conditions Expected at the End of the Project

At the conclusion of this program, success will be measurable but variable from one area to another. It is recognized that each location will develop its own program, and that procedural steps will generally vary in one country from another. In some countries, government acceptance of sterilization in official programs can be expected only in the long run. In other countries, acquiescence of sterilization in the private sector, without government involvement, can be anticipated in the near future. In ~~most~~^{some} countries, however, individuals or private organizations can be found to participate at once in legal, medically-indicated sterilizations that may pave the way for its acceptance later as a useful, cost-effective method of

family planning.

It is anticipated that involvement will occur at some point in time through five principal steps. First, identification of able and willing individuals and organizations. Second, training at all levels will be provided for both the technical and service aspects of the programs. Third, support for necessary staff, facilities and supplies will be made available for the actual services to be offered to patients. Fourth, as soon as possible national chapters* will be organized and federated into an international voluntary sterilization organization. Fifth, an education program, both to the medical profession and, when appropriate, to the general public will be undertaken to acquaint them with current information regarding voluntary sterilization.

3. Basic Assumptions about Achievement of Purpose

The primary assumption of this program is that there is an international need and desire, existing or potential, for increased sterilization services.

The second assumption is that sufficient interest exists or will exist in the subject of voluntary sterilization and its active clinical pursuit that the development of properly designed and executed LDC program is both germane and expedient.

The third assumption is that offering training and services and the development of an international organization for voluntary sterilization followed by an international plus regional conferences, represents the most rapid and efficient means for accomplishing the primary purpose.

* A chapter will consist of a formal organization composed of a significant number of people willing to work to promote the acceptance of voluntary sterilization as a method of family planning.

C. Project Outputs

1. Outputs

Output Indicators

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|
| a. Local clinics dispensing voluntary sterilization services to patients | In at least 20 LDCs |
| b. Professionals & auxiliaries trained in voluntary sterilization techniques | In voluntary sterilization clinics or chapters in at least 20 LDCs |
| c. International conference held | 300 participants |
| d. An international association for voluntary services formed | Initially US and at least 10 countries |
| e. Regional conferences to follow | one or two the third year |

2. Basic assumptions about production of outputs

The Association for Voluntary Sterilization, Inc., which has demonstrated its interest in entering into the international field by undertaking a fund raising campaign for this purpose, will receive the needed cooperation and response of individuals and organizations in various LDCs.

D. Project Inputs

1. Kind of Inputs

<u>A.I.D.</u>	<u>Magnitude</u>	<u>Target Date</u>
a. Provision of financial grant for work in LDCs	\$ 1,954	1972-1975
<u>AVS</u>		
a. Provide part of core staffing, including the Project Director	\$ 200,000	1972-1975
b. Set up an Advisory Committee with US and international membership		1972-1975
<u>AVS with AID Fund</u>		
a. Set up core staff	Asst. Project Director Information & Education Specialist Evaluation System Analyst Budget & Supply Officer	1972-1975

- b. Select local individuals and clinics chapters, in coordination with PPFA, Pathfinder, etc. who are willing to participate.
 - c. Administer training for professionals & auxiliaries professionals
 - d. Provide grants to individuals, clinics and chapters including support for staff, equipment & supplies
 - e. Make arrangements for international conference including location; agenda; selection, invitation and arrangements for travel and per diem for participants.
 - f. Promote formation of international federation of associations.
2. Budget - See attachment
3. Basic assumptions about management of inputs
- a. Availability of qualified personnel to service the voluntary sterilization clinics.
 - b. Interest of other relevant organizations (IPPP, PPFA-CWS, FIGO, etc.) in cooperating in this activity to permit service input early in program.
 - c. Development of projects in LDCs will help to identify individuals who will be of assistance in the formulation of plans for the international conference and its follow-up activities.
 - d. The conference will stimulate increased interest in voluntary sterilization and lead to further expansion of educational and service programs, along with the development of regional conferences and the formation of an international federation of associations for voluntary sterilization.

E. Rationale

Thus far, with the exception of a few notable examples such as India,^{1/} Pakistan, and Korea, whose programs are widely publicized, [there appears to be inadequate understanding or appreciation of the importance of voluntary sterilization on the part of both public and health leaders as well as responsible government officials.] Consequently, not enough leaders in the world health community have a high awareness of, or interest in, this type of family planning.] Voluntary sterilization as a viable method of contraception has long been underplayed while promotional efforts have largely been directed towards the contraceptive pill, intrauterine device and abortion legislation.

Sterilization, both male and female, is a very efficient and cost-effective method of family planning for those who have completed their desired family size. New techniques for female sterilization, such as laparoscopy and culdoscopy, have greatly enhanced the practicality of female sterilization. Although general acceptance of sterilization in official Government programs may require considerable cautious educational groundwork (just as did the introduction of contraceptives) many individual and clinics are ready to pioneer in the initiation of sterilization service certainly for those women with medical indications for this procedure.

Moreover, it is currently clear that it is necessary to pursue all potential means of fertility control if the overall aims of the A.I.D. population program are to be reached. Voluntary sterilization has

^{1/} According to the Indian Ministry of Health, the 4.2 million sterilizations performed in that country to both males and females through 1968 resulted in averting nearly 500 thousand births per year (see Proceedings of the Pakistan International Family Planning Conference in Dacca in 1969).

multiple, obvious advantages in such a program. It is almost universally effective and does not require the sustained motivation and the continued observation and follow-up required by many current methods. Training facilities and equipment requirements are increasingly less as better techniques are developed. Viewed from these multiple aspects, active pursuit of voluntary sterilization as a major method of fertility control appears to be a reasonable and propitious step to take at this point in time.

The Association for Voluntary Sterilization (AVS) is the only national organization in this field, and its membership consists of many outstanding authorities on sterilization. It has long recognized the desirability of international cooperation in order to achieve its larger goal--to build a similar but worldwide organization. To do this the interest and professional support of willing and able individuals and organizations must be obtained in major countries. This can probably best be accomplished through working with existing agencies, such as local family planning associations, if these are operative in the area.

[In order to provide a nucleus for increased utilization of voluntary sterilization it is felt that a highly important first step would be to identify LDC individuals and organizations which in turn could develop into national voluntary sterilization organizations.] This would be followed by a major international conference. Because of its national and international recognition, it is believed that AVS, in cooperation with other interested agencies and groups, is the logical organization to plan and conduct such a program. Within the past several years, AVS has greatly helped to increase professional and public awareness of the

merits of voluntary sterilization as an effective method of contraception, bringing sterilization to a point of public acceptance which only a few years ago would have been thought unrealizable.

[The AVS also intends to establish at an early date an Advisory Committee composed of both US and international authorities in this field to provide advice and consultation in the activities of this project, participating in the development and organization of the international conference and subsequently on the formation of the international federation of associations for voluntary sterilization.]

F. Course of Action

1. Implementation Plan

This program consist of five major steps.

The first will involve the recruiting and setting up at the AVS Headquarters in New York City of an adequate and qualified core staff to administer this project. It will be composed principally of a Project Director; an assistant project director; an I&E specialist; an evaluation systems analyst; a budget & supply officer; and secretarial and clerical staff.

The members of the International Committee of the AVS have had considerable interest and experience in international work which has sensitized them to the special diplomatic approach required for such overseas operations. The key personnel to be involved in this project would be subject to A.I.D.'s concurrence, to ensure their suitability for overseas work as well as their technical ability. Moreover, as stated before, an Advisory Committee composed of U.S. and international authorities in voluntary sterilization will be established in the early stages of this

project to provide consultation from time to time to the project staff.

The second step will seek to determine those areas in which the project will operate. It is planned that at least 20 countries would be designated by AVS as potential targets based on prior experience gained by AVS's international committee, PPFA-CWS, and other agencies. Subject to AID clearance, these countries would be visited by AVS staff with the aim of selecting, in at least 10 of these countries, competent and willing individuals or organizations potentially capable of initiating or expanding clinical services for voluntary sterilization and for whom assistance through the provision of sub-grants would be recommended.

Although these subgrants could vary considerably in each location (depending, among other things, on whether principally male or female sterilizations were to be carried out) an illustrative sub-grant, covering one year period, might consist of the following items:

<u>Personal Services</u>	<u>5,000</u>
Salaries	3,500
Fringe Benefits	500
Motivator Payments	1,000
<u>Travel and Subsistence</u>	<u>500</u>
<u>Other Direct Costs</u>	<u>3,500</u>
Motivational and Training Materials	500
Clinical Supplies (Consumables)	500
Clinic Equipment, Purchased and Rented	2,000
Training Conferences, Workshops and Seminars	500
<u>Administrative Costs</u>	<u>1,000</u>
Office Rent & Maintenance	500
Office Supplies & Services	250
Office Equipment, Purchased & Rented	250
Total	10,000

The present budget calls for some 20 sub-grants to be made during the first year, 25 during the second, and approximately 30 sub-grants during the third year.

Prior to commitment of funds for any sub-grants, however, AVS would submit to AID a program proposal (which would include a concise description of the recipient(s); the activities to be assisted; the length of time of the program; the training, services and commodities to be provided and their estimated costs; and any contributions to be made by the recipient or other donors) for A.I.D.'s advance approval.

The third major step would be to develop the plans for and to implement an international conference to take place in 1973, possibly in Geneva, Switzerland, to which key people such as those already identified with the LDC voluntary sterilization activities being supported by AVS, together with other experts in voluntary sterilization from the United States and other countries, would participate both as speakers and as delegates, some 300 participants in all. Of these not more than 150 could have their travel and per diem expenses covered by this project.

A fourth step, which should be one of the major items of discussion at the international conference would be the development and organization of an international federation of associations for voluntary sterilization under whose auspices this program could be carried out in the future.

The fifth major step, once the conference has called attention to the effectiveness of this type of program and the acceptability of voluntary sterilization has been generally recognized, would be to provide

(1) the administrative structure for continuing follow-up activities, both educational and medical and including regional conferences; and (2) the supervision of training of medical and paramedical personnel to provide the requisite technical and advisory services in voluntary sterilization to either supplement or be a part of the overall family planning information and service programs in the LDC.

Various local and outside donors would be approached to sponsor and assist in financing operations, until a national program, or the World Health Organization, or some other sponsor could take over. Needless to say, each individual program will exercise its own decision as to whether to accept support in this area, and, if so, to set up its own standards for its procedures based on its criteria and those of its clients. Both AVS and AID shall retain the policy that programs in LDCs must be determined by the host country, and that program operations must be implemented by host country staffs.

2. Narrative Statement

A fund raising campaign undertaken by AVS in mid-1971 to expand its facilities into the international field, will permit AVS to finance a significant part of the proposed core staff for this project, such as the full time salary (approximately \$30,000 annually) of the Project Director. The International Committee of the AVS has raised more than \$100,000 to date toward an estimated budget contribution for this project of some \$200,000 over the three-year period.

Other key personnel that will be engaged for this project will be an Assistant Project Director; an I&E Specialist; an evaluation systems analyst; and a budget & supply officer. Consultants will be employed as needed.

A.I.D. will concur in the appointment of this Project Director and also will be given the opportunity to review and approve the final selection of all other key personnel.

The Project Director, utilizing AVS as well as other agencies contacts, will establish contact with potentially interested LDC individuals and organizations first by letter and then in person, with a view to eventually initiate or increase clinical services & training; and finally to establish a local voluntary sterilization chapter. The Director will thus begin forming the nucleus of people who will play a major role in the planning and accomplishment of the proposed international conference and the international federation of associations for voluntary sterilization.

Before undertaking any travel overseas to perform work under this program, or to employ any person outside the United States to perform work outside the United States, and, before inviting overseas participants to any training program or conference, whether overseas or in the United States, the contractor must first obtain written notification from AID that the pertinent USAID/Mission has been advised and/or has provided clearance as appropriate.

a. International Conference

The conference is designed to focus the attention of the world health community on voluntary sterilization by assembling about 300 internationally recognized members of several disciplines, the majority from LDCs, at a carefully planned three-to-four day meeting which would cover the complete range of the current "state of the art" and future planning for this most important area. The findings and recommendations of such an international meeting of appropriately selected professionals could then serve as a

basis for future program action for both those countries currently in the program and those to be subsequently involved.

The aims and objectives of the conference will be:

1. To provide a clear picture of the present status of voluntary sterilization and its ultimate potential in terms of the actual current medical knowledge, of the technical aspects of all available methods of male and female sterilization and of the public health administrative practices required to make the procedures widely available and utilized.
2. To assemble and present data on current and projected developments in clinical techniques for sterilization procedures and their potential reversability.
3. To determine the needs for research--public health, medical, social, behavioral, legal, educational--required to make possible more effective use of voluntary sterilization.
4. To increase the world-wide understanding, acceptance, and subsequent utilization of voluntary sterilization as an important element of family planning and contraception programs.
5. To promote the development of respected and effective local institutions and official agencies throughout the world which would provide education and services and generate local populace support for voluntary sterilization.
6. To develop an international network of communications providing for the dissemination of knowledge among professional and auxiliary workers with and interested in voluntary sterilization.

7. To work out methods by which international cooperation of the various local associations can be developed, such as the establishment of a Federation of National Associations for Voluntary Sterilization.
8. To promote the development of recruitment and training programs for surgeons needed to carry out expanded overseas efforts in voluntary sterilization.
9. To provide a plan to reimburse surgeons for performing voluntary sterilization.
10. To provide the background for other future meetings at national, regional and international levels to disseminate the findings and recommendations of the conference.

b. Information and Education Activities

An information/education program will begin during the conference and continue through the remainder of the program. Its purpose is to focus public attention in the LDCs on fertility control in general and voluntary sterilization in particular. The first target of this effort will be the individuals and private organizations already receptive to such an approach. When a suitable climate has been established, these LDC people can be given support, to inform and educate their public and official colleagues. To implement a program such as this, it will be necessary to secure the services of an experienced I&E specialist whose responsibilities will be to (1) promote the voluntary sterilization procedure, (2) secure active support for voluntary sterilization from the public, medical community, and government health officials, as appropriate, and (3) interest sources of possible future funding for the projects set up under this program. The concentrated efforts along these lines will also be the

responsibility of the Project Director, of a core of volunteers to be recruited, and of the staff of the International Committee of AVS.

Long-term follow-up responsibilities even beyond the life of the project are to be undertaken by AVS. The core staff will pursue the objective of increased international utilization of voluntary sterilization in cooperation with whatever groups and agencies, national or international, will contribute to achieve the goals of this project and to expand the program to its fullest potential.

c. Evaluation

The services of a qualified evaluation systems analyst will be necessary from the beginning of this project to establish appropriately the needed requirements for obtaining the necessary data on which meaningful evaluation of the project can be carried out. In addition to furnishing interim and annual reports on the progress of programs and problems related to implementation, including clinical performance acceptors data, AVS will submit within six months a management plan outlining the proposed program of work for the following year.

This project will be evaluated at the end of each one-year period by A.I.D. and the contractor as an integral part of the management, planning and program implementation processes.

Provision is also being made for an independent evaluation by a qualified organization (1) to be used as a basis for surveying the management activities and the progress of the technical and advisory services in achieving the stated objectives, and (2) to help A.I.D. determine whether the project should be extended,

amended or terminated. This will take place during the third year of the contract.

d. Summation

By building centers of experience with the voluntary sterilization approach to fertility control, and demonstrating public receptivity to voluntary sterilization as an acceptable component of family planning services, it is expected that this project will contribute significantly, in the long run, to encourage official programs to be launched in the LDCs. Thus, the ultimate objective, when the voluntary sterilization clinics are well established and operating successfully, is to have them picked up and continued by the respective country government and local institutions, even though outside assistance may continue to be required for some time to supplement local resources.

Finally, it must be understood that this project is a pioneering effort to promote the use of sterilization for family planning purposes and, therefore, must be approached with the same caution, sensitivity and flexibility that was used by AID in initiating the acceptance of of contraceptives (such as IUDs, spermicides, and orals) back in 1967. Now time has proven that innovation successful, in spite of some dire predictions; it is time now to make another advance. Because of the sensitive and innovative nature of this project, forward planning cannot be done in the usual detail at this time. However, the Grantee staff will develop detail plans for advance AID approval before implementing them.

BUDGET

	<u>1st Year</u>	<u>2nd Year</u>	<u>3rd Year</u>
<u>Project Staff & Expenses:</u>			
Assistant Project Director	25,000	27,500	30,350
Conference & I&E Coordinator	20,000	10,000	7,500
Evaluation Systems Analyst (50%)	10,000	11,000	12,000
Budget & Supply Officer	18,000	19,800	21,780
Secretary	10,000	11,000	12,100
Clerk	8,000	8,800	9,680
Sub-total	<u>91,000</u>	<u>88,100</u>	<u>93,410</u>
<u>15% Shared Time AVS Staff</u>			
Executive Director (\$30,000)	4,500	4,950	5,445
Accountant (\$15,000)	2,250	2,475	2,723
Secretary (\$9,000)	1,500	1,650	1,815
Sub-total	<u>8,250</u>	<u>9,075</u>	<u>9,983</u>
<u>Fringe Benefits 20%</u>	19,850	19,435	20,678
<u>Consultant (10 x 16 weeks)</u>			
Travel (\$7,500) Per diem (\$4,000) Fees (\$11,200)	22,700	22,700	22,700
<u>Travel</u>			
Project Director	15,000	15,000	15,000
Staff	10,000	10,000	10,000
Sub-total	<u>25,000</u>	<u>25,000</u>	<u>25,000</u>
<u>Office Rental</u>	6,000	6,000	6,000
<u>Utility equipment & supplies</u>	25,000	15,000	15,000
<u>Telephone, telegraph, postage</u>	15,000	10,000	10,000
<u>Clinic Support(No. clinics X 10,000)</u>	200,000	250,000	300,000
<u>I & E Materials</u>	50,000	75,000	100,000
<u>Conference Expenses</u>			
International*	218,400		
Regional			150,000
Totals	<u>681,200</u>	<u>520,310</u>	<u>752,771</u>
GRAND TOTAL			\$1,954,281 <u>1/</u>

*See details next page

1/ For prepared funding details, see next page.

<u>1/</u> Initial year of funding would cover two years of core costs (\$212,800 & \$195,310) plus one year of program costs (\$468,400) for a total of	\$ 876,510
2nd year of funding would cover one year forward funding of core costs (\$202,771) plus second year of program costs (\$325,000)	527,771
3rd year of funding would complete third year program costs	<u>550,000</u>
	\$1,954,281

Conference Expenses (International)

Participant expenses:

Travel: 100 x \$1,000	\$100,000	
50 x \$500	25,000	
Per diem: 150 x \$125	<u>18,750</u>	\$143,750

Honoraria:

General Chairman	1,000	
Sub-Chairman, 5 x \$500	2,500	
Rapporteurs, 5 x \$300	<u>1,500</u>	5,000

Public Relations:

Press Room	3,000	
Science Writers, 5 x \$500	2,500	
Mailings and telegraph	5,000	
Medical Translators:		
Fee: 6 x \$150 - 3 days	2,700	
Travel & per diem: \$700 + \$125	<u>4,950</u>	18,150

Monograph

40,000

Operating Expenses:

Registration expenses		
Staff, notebooks, badges and other convention supplies	1,500	
Meeting expenses	<u>10,000</u>	<u>11,500</u>

Total Conference

\$218,400