

PD-AAM-769

9320510/99

ISN 29646

294/105

AID-135-1X (8-63)

DEPARTMENT OF STATE  
AGENCY FOR  
INTERNATIONAL DEVELOPMENT

Worksheet  Issuance

PAGE 1 OF 9 PAGES

PIO/T

PROJECT IMPLEMENTATION  
ORDER/TECHNICAL  
SERVICES

1. Cooperating Country  
WORLD-WIDE

2. PIO/T No.  
931-17-580-510-73-319470

3. Project/Activity No. and Title  
Research -  
Utilization of Family Planning Services -  
Bowman Gray School of Medicine of Wake Forest  
University

4. Appropriation Symbol  
72-1191006

5. a. Allotment Symbol & Charge  
956-31-099-00-23-91

5. b. Funds Allotted to:  
 AID/W  Mission

6. Obligation Status

Administrative Reservation  Obligation  Sub-Obligation

7.  Original or  
Amendment No.:

8. No. of Technicians  
5 part-time  
1 full-time

9. Services to Start (Mo., Day, Yr.)  
Between: ASAP And:

10. Duration (Months)  
a. Of Services 36 b. Of Financing 24

11. a. Type of Action  
 AID Contract  Cooperating Country Contract  Participating Agency Service Agreement  Other

11. b. Authorized Agent  
AID/W

Financing \$1.00 =	A. Previous Total	B. Increase	C. Decrease	D. Total to Date
12. AID Financing a. Dollars		\$263,300		\$263,300
b. U.S.-Owned Local Currency				
13. Cooperating Country Contributions a. Counterpart				
b. Other				

14. Mission  
References

15. Objective for which the Technical Services are to be used (Describe)

Initial emphasis in the A.I.D. population and family planning program has been upon the development and delivery of family planning information and services in developing countries in its broadest sense. As such services become appropriately available there will be a particular need to study and improve utilization of these services for improved control of reproduction by all elements of these societies. The research project proposes to ascertain and evaluate those factors which contribute significantly toward fertility control, those which contribute to indifference or apathy, and those which contribute to strong resistance. It is proposed that the research be carried out in a Central American country and African or Asian country subject to approval by A.I.D. and the country selected. The general focus will be improved utilization of existing services and measuring the utilization of alternative models.

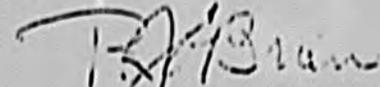
16. Mission Clearances	Date	Mission Clearances	Date

17. Date of Original Issuance

18. Date of this Issuance  
June 27, 1969

19. For the Cooperating Country  
The terms and conditions set forth herein are hereby agreed to:

20. For the Agency for International Development

  
R. J. O'Brien

SIGNATURE

DATE

Contracting Officer, Contract Services Div.

SIGNATURE

TITLE

TITLE

AIC 350-1X (6-63)	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT	<input type="checkbox"/> Worksheet	<input checked="" type="checkbox"/> Issuance	PAGE 2 OF 9 PAGES
		Cooperating Country WORLD-WIDE		PIO/T No. 931-17-580-510- 73-3194704
		Project/Activity No. and Title Research Utilization of Family Planning Services - Bowman Gray School of Medicine of Wake Forest University		

**SCOPE OF WORK**

**21. Scope of Technical Services**

**A. Description**

See page 5

**B. Technicians**

(1) (a) Number	(b) Specialized Field	(c) Grade and/or Salary	(d) Duration of Assignment (Man-Months)	per yr.
1	Field Director	6,800 p.a.	4.8	
1	Prof. Psychology	7,050 p.a.	3.0	
1	Dir. Family Planning	3,050 p.a.	2.4	
1	Prof. of Sociology	4,800 p.a.	4.8	
3	Research Assistants	10,400 p.a.	36.0	
1	Medical Coordinator (local hire)	5,000 p.a.	2.4	
1	Field Supervisor (local hire)	12,000 p.a.	12	
	Interviews (as needed) Local hires	10,000		
(2)	Duty Post and Duration of Technicians' Services (as needed) Local hires	12,000		

U.S.

Except for local hires

**(3) Access to Classified Information**

N.A.

**(4) Dependents**     Will     Will Not    Be Permitted to Accompany Technician

**C. Financing Costs of Technical Services**

(1) By AID - \$ 263,300

(2) By Cooperating Country -



AID 1580-1X (8-63)	DEPARTMENT OF STATE AGENCY FOR INTERNATIONAL DEVELOPMENT  PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	Worksheet <input type="checkbox"/> Issuance <input checked="" type="checkbox"/>	PAGE 4 OF 9 PAGES
		Cooperating Country WORLD-WIDE	PIO/T No. 931-17-580-510-73-319170
		Project/Activity No. and Title Research - Utilization of Family Planning Services - The Bowman Gray School of Medicine of Wake Forest University	

25. Reports by Supplier of Services (Indicate type, content and format of reports required, including language to be used if other than English, frequency or timing of reports and any special requirements)

1. - The findings of the research shall be presented to AID/WOH/PS in formal reports, including tabular presentation of substantive data with interpretation, and summaries regarding methodological development in a form to facilitate application elsewhere. Two such reports (one substantive and one methodological) shall be submitted for each country studied every 18 months.
2. - A report including tabular presentations and substantive data with interpretation will be required on the entire project including summaries on methodology at the completion of the project.
3. - A written status report on the progress of the project shall be submitted to WOH/PS every six months.
4. - As required to supplement written status reports, verbal reports shall be given by the Contractor when these are requested by A.I.D.
5. - Expenditure reports shall be submitted to A.I.D. in accordance with A.I.D.'s program and funding procedures.

26. Availability of Background Information (Additional information useful to Authorized Agent and Prospective Suppliers; if necessary, cross reference Block 21.C(3) above)

Attached:

1. Proposal submitted by The Bowman Gray School of Medicine of Wake Forest University.
2. Project Summary
3. Single Source Justification
4. Minutes of RAC meeting.

27. Relationships of Supplier to Cooperating Country and to AID.

A. Relationships and Responsibilities

B. Cooperating Country Liaison Official

C. AID Liaison Official

Dr. Joseph Cavanaugh, Ph. D.  
 Chief, Population & Research Division  
 Population Services  
 Office of the War on Hunger

11

CONTINUATION  
SHEET

FORM SYMBOL

DEPARTMENT OF STATE  
AGENCY FOR  
INTERNATIONAL DEVELOPMENT

TITLE OF FORM

 Worksheet  Issuance

PAGE 5 OF 9 PAGES

1. Cooperating Country  
WORLD-WIDE2.a. Code No. 931-17-580-510  
73-3194704

2.b. Effective Date

2.c. Amendment  
 Original OR No. \_\_\_\_\_3. Project/Activity No. and Title Research -  
Utilization of Family Planning Services -  
Bowman Gray School of Medicine of Wake Forest  
UniversityIndicate block  
numbers.

Use this form to complete the information required in any block of a PIO or PAA form.

21.A.

The Contractor shall carry out a program of research in two LDC's over a period of five years by the use of various techniques and measures, into the matter of personal and family motivation as well as variables connected with the administration of family planning service for the optimal utilization of family planning services and fertility reduction practices.

This research will be conducted in each selected country within an action-demonstration-evaluation context to:

- (1) Discover which females do and do not utilize family planning services and why they do or do not.
- (2) Implement changes as agreed upon with host country officials in the procedures, methods and approaches of existing family planning services (or create new ones) which the respondents indicate would increase their participation and effectual practice of birth control.
- (3) Ascertain the birth control methods, the personnel and approaches that are the most effective in reaching these females and helping them to become and remain consistent and effectual in the practice of birth control.
- (4) Provide a continuous feedback of information for the training of field personnel community leaders and volunteers in the methods, problems and approaches related to achieving the overall objective of the project.

The project plan will include in each of the two selected countries two different fertility control family planning models

to ascertain those familial, social economic, administrative and psychological variables associated with people responding to: (1) an existing sharply focused family planning services model based on the services of physicians and other medical personnel in a family planning clinic or hospital, and (2) a more broadly focused nonclinically oriented model which would incorporate educational programs, with meetings in the homes of the target population and with emphasis upon fertility control methods which do not necessarily require the services of a physician, hospital or clinic. The relative efficiency of these different models in terms of utilization, cost and impact upon fertility will be examined. Where non-clinical models do not exist this project will establish them in cooperation and agreement with the host country.

Development of detailed aspects of the methodology for carrying out this research as applied to underdeveloped areas will form a part of the project and will be based on over three years of experience gained from similar

CONTINUATION  
SHEET

FORM SYMBOL

DEPARTMENT OF STATE  
AGENCY FOR  
INTERNATIONAL DEVELOPMENT

TITLE OF FORM

 Worksheet Issuance

PAGE 6 OF 9 PAGES

1. Cooperating Country  
WORLD-WIDE2.a. Code No 31-17-580-510-  
73-3194704

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21.A.(cont.)

studies among lower socio-economic groups in North Carolina. This includes survey and measurement aspects as well as the development of the non-clinically oriented family planning model. Both simple explanations and complex variables of motivation will be tested.

Course of Action

This research project will be conducted in at least two different cultural areas and regions. Each will have a duration of approximately 3 years. The first will be in a Central American country chosen for its feasibility after at least one site visit. (USAIDs and host country officials in both Costa Rica and Colombia have expressed interest in this research) Final selection of a country will depend on available local manpower, country and USAID receptivity, and extent of available family planning services.

the basis of experience gained during the first 2 years the research will be repeated in another country region, perhaps an African or East Asian country. The actual place will be determined by site visits to various countries and selection will be made according to the criteria mentioned in the selection of a Central American country.

Of the total number of medically oriented family planning clinics in a country, a sample of active family planning clinics will be chosen to include at least two clinics serving a large urban area and a smaller community area. The community served by these clinics will be defined and delineated.

Out of these defined areas, an expertly determined sample of households will be selected. Women eligible for family planning will be interviewed. At least three classes of women respondents will be included: (1) those who are "actives" at the family planning clinic serving the community; (2) those who have dropped out; and (3) those who have never attended.

Each eligible woman will be administered a short-form questionnaire consisting of socio-economic and psychological items. Suitable questionnaires will be structured for each class of women respondents. In addition to data collection, the interview will serve as a catalyzer for getting women to participate in family planning, formulating information that can be used for structuring a non-clinical family planning program and measure the amount of effort needed to engage participation of women in family planning. This sample of women will be followed-up with subsequent interviews and visits to determine the outcome of various types of inputs.

The interview schedule and psychological measures will consist of basic demographic variables, items on reference groups and other significant characteristics, the general value system and attitudes toward specific

DEPARTMENT OF STATE  
 AGENCY FOR  
 INTERNATIONAL DEVELOPMENT

 Worksheet  Issuance

PAGE 7 OF 9 PAGES

CONTINUATION  
SHEET1. Cooperating Country  
WORLD-WIDE2.a. Code No. 931-17-500-51  
73-3194704

FORM SYMBOL

TITLE OF FORM

2.b. Effective Date

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 University
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21.A.(cont)

family size and KAP questions. Measures for evaluating utilization of services and related motivation will rely on straight descriptive percentages on a before and after basis as well as more complex measures in relation to various programmatic inputs utilizing those in the sample population eligible for family planning services.

In addition to this data collection actual records and data already collected by the family planning clinics will be analyzed which will serve as a reliability check for the field survey as well as adding additional background data needed for the successful conduct of this study.

Family planning services which are not directly medically oriented in the clinical sense within an existing public health infrastructure will be structured and measurements made of their effectiveness. A minimum of two will be established in each country - one in the same selected community in which the clinical family planning service exists and one where there is no established center serving the community. The services of community leaders and those significant in the power structure as they are discovered through interview data as well as discussions with formal and informal leaders in the target community will be utilized in this model.

This research will be carried out in each of the two selected countries over a 3-year period each as follows:

Country I - (Possibly Central America) - ASAP and continuing for three years

Phase I

- On-site arrangements made for project; selection of local national principal investigator-
- Selection and training of indigenous personnel for interviewing.
- Revision and translation of interview schedule and information forms.
- Complete all initial interviews of designated sample subjects.
- Maintain time-serial information on all study subjects.
- Collection of data in existing family planning centers.

CONTINUATION  
SHEET

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TITLE OF FORM

PROJECT IMPLEMENTATION  
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PAGE 8 OF 9 PAGES

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21. A (cont)

Phase II

- Process all interview and measurement data obtained on study groups and existing family planning centers during Phase I.
- Conduct follow-up contacts with all study subjects.
- Select and train indigenous personnel for community-action program.
- Implement all phases of the community-action program (home meetings, transportation services, use of mass media, etc.)
- Make changes in existing family planning services indicated by respondents.
- Initiate and maintain non-clinical family planning services.
- Maintain collection of time-serial information.
- Complete saturation-type interviews where indicated.
- Process ongoing data.

Phase III

- Continue all activities of Phase II.
- Prepare write-ups, complete data processing.
- Prepare indigenous personnel for continuation of all phases of the project.

The day-to-day administration of the research project will be by a professional host country national employed for this purpose. Every effort will be made to tie this research project to an existing university or other host country facility in order to (1) demonstrate and train host country officials in this type of research methodology, and (2) coordinate and cooperate with existing host country officials thus maximizing the potential interest of this project to them. Coordination among the Contract the designated professional population officer in the USAID and the host country facility or facilities will be maintained. Unless otherwise agreed upon with USAID and host country officials, no full-time or extended TDY by U.S. personnel will be employed in the host country. Should assignment of full time U.S. personnel abroad, the full time employment of locals, or both be necessary, the project monitor will contact WOH/MGT to assure the availability of ceiling authorizations.

CONTINUATION  
SHEET

FORM SYMBOL

DEPARTMENT OF STATE  
AGENCY FOR  
INTERNATIONAL DEVELOPMENT

TITLE OF FORM

 Worksheet  Issuance

PAGE 9 OF 9 PAGES

1. Cooperating Country  
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21. A. (cont)

Country II

Progress in the initial country will be examined before the project is extended to a second country. If A.I.D. considers the progress satisfactory, research in Country II will begin after the first 2 years of research in Country I. The foregoing three phases will be replicated in a country in another region of the world while the project in Country I continues for the third year.

Relationship between A.I.D. and the Contractor

1. The countries in which the research is to be conducted will be selected in cooperation with WOH/PS and with the approval obtained by WOH/PS of the Regional Bureaus and USAID's.
2. Travel performed under this contract must have the prior approval of A.I.D.'s authorizing agent (which will include the approval of WOH/PS, Regional Bureaus and USAID's) except for travel within a country.
3. The contractor will cooperate and coordinate with the USAID and the appropriate host country institutions in each country in which the research is undertaken.
4. Replication of the research in Country II is contingent upon the results of the research effort in Country I.

Financing

In accordance with the approval and recommendations made by RAC this contract will require the Bowman Gray School of Medicine to undertake the research specified over a period of five years. FY 69 funds will be obligated for commitment at this time to cover the first two years of research. The commitment of funds to cover costs for the remaining period will be subject to review by A.I.D. on the progress of the project and A.I.D.'s financing procedures. Attached is a budget estimate covering five years of research and a breakdown for the first two years.

This PIO/T incorporates the recommendations made by RAC when approving the project.