

<b>AGENCY FOR INTERNATIONAL DEVELOPMENT</b> <b>PROJECT DATA SHEET</b>	<b>1. TRANSACTION CODE</b> <input type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete Amendment Number _____	<b>DOCUMENT CODE</b> 3
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<b>2. COUNTRY/ENTITY</b> Worldwide	<b>3. PROJECT NUMBER</b> 936-3040
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<b>4. BUREAU/OFFICE</b> ST/POP	<b>5. PROJECT TITLE (maximum 40 characters)</b> Natural Family Planning
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<b>6. PROJECT ASSISTANCE COMPLETION DATE (PACD)</b> MM DD YY 09 30 91	<b>7. ESTIMATED DATE OF OBLIGATION</b> (Under "B." below, enter 1, 2, 3, or 4) A. Initial FY 85 B. Quarter 3 C. Final FY 89
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8. COSTS (\$000 OR EQUIVALENT \$1 = )						
A. FUNDING SOURCE	FIRST FY 85			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	3,000		3,000	20,000		20,000
(Grant)	(3,000)	( )	(3,000)	(20,000)	( )	(20,000)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S.						
Host Country						
Other Donor(s)						
<b>TOTALS</b>	3,000		3,000	20,000		20,000

9. SCHEDULE OF AID FUNDING (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) PN	431	430				20,000		20,000	
(2)									
(3)									
(4)									
<b>TOTALS</b>						20,000		20,000	

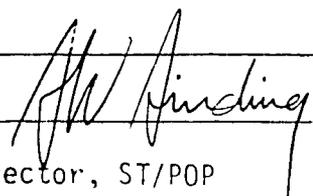
<b>10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)</b>	<b>11. SECONDARY PURPOSE CODE</b>
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<b>12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)</b> A. Code _____ B. Amount _____
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<b>13. PROJECT PURPOSE (maximum 480 characters)</b> To improve knowledge, availability, acceptability and effectiveness of NFP in LDCs.
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<b>14. SCHEDULED EVALUATIONS</b> Interim MM YY 10 87 Final MM YY 10 89	<b>15. SOURCE/ORIGIN OF GOODS AND SERVICES</b> <input type="checkbox"/> 000 <input type="checkbox"/> 941 <input type="checkbox"/> Local <input checked="" type="checkbox"/> Other (Specify) 935
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**16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a \_\_\_\_\_ page PP Amendment)**

<b>17. APPROVED BY</b>	Signature:  Title: Director, ST/POP	Date Signed: MM DD YY 02 25 85	<b>18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION</b> MM DD YY
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## PROJECT AUTHORIZATION

Country: Interregional

Project: Natural Family  
Planning

Project No.: 936-3040

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the centrally funded project, Natural Family Planning, involving planned obligations not to exceed \$20,000,000 in grant funds over a five-year period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allocation process, to help in financing foreign exchange and local currency costs for the project.

2. The purpose of the project is to improve knowledge, availability, acceptability and effectiveness of natural family planning in LDCs.

3. The agreement(s) which may be negotiated and executed by the officer(s) to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority shall be subject to the following terms and conditions, together with such other terms and conditions as A.I.D. may deem appropriate.

#### 4. Source and Origin of Commodities, Nationality of Services

a. Commodities financed by A.I.D. under the project shall have their source and origin in the cooperating country\* or the United States, except as A.I.D. may otherwise agree in writing. Except for ocean shipping, the suppliers of commodities or services shall have the cooperating country or the United States as their place of nationality, except as A.I.D. may otherwise agree in writing.

b. The aggregate cost of all goods and services procured under each subagreement in a cooperating country may not exceed \$750,000.

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\*Each cooperating country where research, training, technical, or other assistance takes place under the project shall be deemed to be a cooperating country for the purpose of permitting local cost financing of goods and services for the activity being conducted in such country. Such activities may be undertaken in any country included in A.I.D. geographic code 935.

c. Ocean shipping financed by A.I.D. under the project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

\_\_\_\_\_  
M. Peter McPherson  
Administrator

*4/5/85*

\_\_\_\_\_  
Date

Clearances:

S&T/POP/R, JDShelton *Drake* \_\_\_\_\_

S&T/POP, SWSinding *MWA* \_\_\_\_\_

S&T/PO, GEaton *K...* \_\_\_\_\_

S&T/HP, JESarn *[Signature]* \_\_\_\_\_

S&T, NCBrady *[Signature]* \_\_\_\_\_

GC/CP, STisa *[Signature]* \_\_\_\_\_

GC, HFry *[Signature]* \_\_\_\_\_

AA/PPC, RADERham *[Signature]* APR 5 1985

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*[Signature]*

ST/POP/R:JMSpieler:awm:2/1/85:x59686:0949Z

MAR 5 1985

ACTION MEMORANDUM FOR THE ADMINISTRATOR

THRU: AA/PPC, Richard A. *Perham*  
FROM: S&T, N. C. Brady *NCS*  
SUBJECT: Natural Family Planning, Project 936-3040

ACTION: Your approval is requested to authorize S&T Bureau funding in the amount of \$20,000,000 for a new, five-year project for Natural Family Planning. This project is designed to improve the knowledge, availability, acceptability and effectiveness of natural family planning (NFP) in the less developed countries (LDCs).

Discussion: A major goal of the AID population assistance program is to enhance the freedom of individuals in the LDCs to choose voluntarily the number and spacing of their children. In 1981, Section 104(b) of the Foreign Assistance Act was amended to ensure that information and services relating to natural family planning (NFP) methods be included among population activities supported by AID. The intention of this legislative amendment was to see that NFP methods, defined to include all those methods which rely on periodic abstinence, are integrated into population assistance activities such as research, training, service delivery and information programs, wherever relevant and appropriate to the culture and desires of the recipient population and its government. AID includes within the scope of NFP-related activities those aspects of breastfeeding promotion and research that are related to its birth spacing effect and the predicting, extending or monitoring of returning fertility in post-partum women.

Although NFP itself is not a new concept, it has received increased attention and interest in recent years. In fact, during the past five years annual AID funding for NFP-related activities has increased from about \$400,000 to nearly \$7 million in FY 84. The proposed new project would enable the Agency to be more flexible in supporting a wide variety of NFP activities and would follow the same pattern of management and funding as other mature population programs. Because of the limitation of in-house staff, it is impossible for the Agency to continue to be fully responsive to the needs of the field, and to mount any major effort, unless an outside organization receives a major grant or contract with subgranting authority.

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In this respect, we anticipate that this new project will provide the primary mechanism for reviewing, and possibly supporting, unsolicited proposals on NFP submitted to the Agency. The new NFP project would encompass all aspects of NFP and, potentially, be the major source of AID/NFP funds in the future. This new NFP project has been developed in order to identify, support, and monitor high quality and timely activities in NFP. It will also actively seek out new institutions and investigators to collaborate with, and new initiatives which can contribute to our knowledge of NFP and the improved delivery of NFP services in the LDCs.

Four broad areas of work are proposed in the new project: research; information, education, communication (IE&C) and training; technical assistance; and other NFP activities. The research component includes biomedical research (e.g. use-effectiveness studies, development of improved and new methods, breastfeeding studies, biochemical studies), operations research (e.g. cost-effectiveness studies and improving the delivery of services and the acceptability of NFP), and social science research (e.g. studies on factors affecting the demand and use/acceptability of NFP, characteristics of NFP acceptors, and effects and benefits of NFP). The IE&C and training component will include activities such as the assessment of needs and existing resources in NFP; development and adaptation of training materials; compilation, update and dissemination of IE&C materials; and international training courses and workshops. The project will support short term technical assistance in response to requests from host country governments and private and public agencies, organizations, programs, etc. This will be in addition to the more specific technical assistance required to implement the research and training components of the project. The last component of the project comprises a variety of other NFP activities including purchasing commodities, support for NFP services, travel and study awards and second stage analysis of existing data.

The project will draw upon the technical resources of a Cooperating Agency (C.A.) with in-house expertise and demonstrated competence in management; evaluation and program review; research; training; information development and dissemination; and assistance to LDC family planning programs. The C.A. will be selected competitively in accordance with AID regulations to serve as the principal technical resource for NFP activities funded by AID. The C.A. must be able to present a staff and roster of consultants who possess technical expertise in the areas above combined with in-depth knowledge of NFP. The C.A. will carry out needs assessments; advise on program priorities; coordinate NFP activities; and participate in, oversee and monitor a complex program of research, training and information development and dissemination, and general technical assistance.

In addition, an expert Technical Advisory Group (TAG) will be established by the C.A. to provide advice to the C.A. and the AID Cognizant Technical Officer (CTO). It will assist in establishing priorities, developing new activities, reviewing proposals and evaluating project activities.

Primary technical and administrative responsibility will rest with the Research Division, Office of Population (ST/POP/R). The AID CTO will provide the C.A. with overall technical guidance and ensure that project implementation is consistent with the design set forth in the project paper. The CTO will undertake appropriate coordination with other offices in the Agency such as ST/POP/IT, ST/POP/FPSD, ST/POP/CPSD, PPC, the Regional Bureaus, and AID Missions.

Some activities in support of the overall project goal and purpose such as, for example, demographic surveys and second stage analysis of existing data, worldwide distribution of informational materials, preparation of special materials for LDC policy makers and leaders, training, or operations research may be carried out through/in collaboration with existing technical resources established under other A.I.D. contracts and agreements. The CTO will be responsible for recommending, in coordination with other AID officials, the allocation of project funds for such activities. Likewise, the Agency will continue to encourage and support NFP-related activities outside this project under other contracts and grants and through Regional Bureaus and bilateral programs.

Justification to Congress: An Advice of Program Change has been drafted and is in process.

Clearances Obtained: The Population Sector Council reviewed the project paper on January 29, 1985 and unanimously recommended it for approval.

Recommendation: That you sign the attached Project Authorization.

Attachments:

1. Project Authorization
2. Project Paper (936-3040)
3. Minutes of the Population Sector Council Meeting, January 29, 1985

Clearances:

ST/POP/R, JDShelton [Signature]  
ST/POP, SWSinding [Signature]  
ST/PO, GEaton [Signature]  
ST/HP, JESarn [Signature]  
GC, HFry [Signature]  
PPC/PDPR, AProsenberg [Signature]

ST/POP/R:JMSpieler:jms:2/22/85:x59686:0854Z

## PROJECT AUTHORIZATION

Country: Interregional

Project: Natural Family  
Planning

Project No.: 936-3040

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the centrally funded project, Natural Family Planning, involving planned obligations not to exceed \$20,000,000 in grant funds over a five-year period from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the project.

2. The purpose of the project is to improve knowledge, availability, acceptability and effectiveness of natural family planning in LDCs.

3. The agreement(s) which may be negotiated and executed by the officer(s) to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority shall be subject to the following terms and conditions, together with such other terms and conditions as A.I.D. may deem appropriate.

#### 4. Source and Origin of Commodities, Nationality of Services

a. Commodities financed by A.I.D. under the project shall have their source and origin in the cooperating country\* or the United States, except as A.I.D. may otherwise agree in writing. Except for ocean shipping, the suppliers of commodities or services shall have the cooperating country or the United States as their place of nationality, except as A.I.D. may otherwise agree in writing.

b. The aggregate cost of all goods and services procured under each subagreement in a cooperating country may not exceed \$750,000.

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\*Each cooperating country where research, training, technical, or other assistance takes place under the project shall be deemed to be a cooperating country for the purpose of permitting local cost financing of goods and services for the activity being conducted in such country. Such activities may be undertaken in any country included in A.I.D. geographic code 935.

c. Ocean shipping financed by A.I.D. under the project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

*M. Peter McPherson*  
\_\_\_\_\_  
M. Peter McPherson  
Administrator

*4/5/85*  
\_\_\_\_\_  
Date

Clearances:

S&T/POP/R, JDShelton *JDS*  
S&T/POP, SWSinding *SW*  
S&T/PO, GEaton *GE*  
S&T/HP, JESarn *JES*  
S&T, NCBrady *NCB* 5  
GC/CP, STisa *ST*  
GC, HFry *HF*  
AA/PPC, RADERham *RA* APR 5 1985

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*11/2/85*

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Wang 0868Z/Jan. 15, 1985	

## A. SUMMARY

The Bureau for Science and Technology proposes a new 5 year project, Natural Family Planning, 936-3040, at an estimated cost of \$20 million. This project is designed to improve the knowledge, availability, acceptability and effectiveness of natural family planning (NFP) in the less developed countries (LDCs).

A major goal of the AID population assistance program is to enhance the freedom of individuals in the LDCs to choose voluntarily the number and spacing of their children. In support of that goal, AID requires that all A.I.D. supported programs provide a description of the effectiveness and risks of all major methods of family planning and agree to provide other family planning methods if requested or refer couples to programs offering other methods as appropriate. One approach to family planning which has received increased A.I.D. attention and support over the past several years is natural family planning (NFP), defined to include all those methods which rely on periodic abstinence. Also included within AID's working definition of NFP is breastfeeding as a method of birth spacing.

Surveys and other special studies suggest that there is a wide range of LDC couples who are currently practicing some form of NFP. The method most frequently used is the calendar-rhythm method. There is also a substantial population in the LDCs not practicing family planning for whom NFP, if made available, might be the method of choice. Also, there may be a significant interest on the part of current calendar-rhythm users to learn a more modern NFP method, e.g. the Billings method, which should be more effective.

As we seek to improve current practice of NFP and meet the needs of couples who do not desire pregnancy but are not practicing contraception, we find that there are substantial gaps in our knowledge of NFP. For example, we don't know what is the actual demand for NFP in LDCs; for whom is NFP the method of choice; how to provide LDC couples with the information they require to make and implement family planning decisions; how best to deliver NFP services; how effective, acceptable and safe are present NFP methods; and how improved methods of NFP can be best developed.

This project seeks to provide answers to these important questions. It also seeks to improve the information and technical resources on NFP available now to LDC policy makers, family planning service providers and family planning consumers. A broad integrated program of research; information, education and training; technical assistance and other activities is proposed. Because of the range of activities and

the magnitude of the task, the project will also seek to increase the number of researchers, institutions and agencies which carry out research and support improved delivery of NFP in the LDCs.

The project will draw upon the technical resources of a Cooperating Agency (C.A.) with special expertise in research, training, information development and dissemination and assistance to LDC family planning programs, and upon an expert Technical Advisory Group. The C.A. will carry out needs assessment, advise on program priorities, and participate in, oversee and monitor a complex program of research, training and information development and dissemination and general technical assistance. It is essential that the C.A. not only have technical expertise in the areas covered under this project and NFP, but also have demonstrated experience with the management and implementation of research, evaluation and program review and training in the LDCs. Such experience is essential to maximize the efficiency and effectiveness of the project, to ensure that important linkages between project activities are developed and maintained, and to ensure that research and program support activities are coordinated with other organizations funding and conducting similar activities. A Technical Advisory Group (TAG) will be established to provide advice to the C.A. and CTO. It will assist in establishing priorities, developing new activities, reviewing proposals and evaluating project activities.

Some activities in support of the overall project goal and purpose such as, for example, demographic surveys, training, operations research or preparation of special materials for LDC policy makers and leaders, may be carried out through/in collaboration with existing technical resources established under current A.I.D. contracts and agreements.

## B. BACKGROUND

Family planning programs are an essential element of the U.S. development assistance strategy. AID's support to voluntary family planning efforts began more than 20 years ago. The ability to determine freely the number and spacing of one's children allows the individual greater freedom to take advantage of opportunities for improving skills, seeking employment and increasing income. Experience has shown that when couples can freely determine the number and spacing of their children, they tend to have smaller families and population growth rates tend to decline. Further, when aggregate national wealth and population are in balance, individual families tend to have better prospects for education, employment and health. Such increased opportunities and improvements in the standard of living tend to raise individual and family aspirations. Couples tend to prefer to have fewer children whom they can educate and care for well, rather than many to whom they cannot offer these advantages.

AID support for family planning services and activities is based

on two fundamental principles: voluntarism and informed choice. AID does not support programs in which there is any element of coercion of individuals to practice family planning or to accept any particular method of family planning.

In 1981, Section 104(b) of the Foreign Assistance Act was amended to ensure that information and services relating to natural family planning (NFP) methods be included among population activities supported by AID. The intention of this legislative amendment was to see that NFP methods, defined to include all those methods which rely on periodic abstinence, are integrated into population assistance activities such as research, training, service delivery and information programs, wherever relevant and appropriate to the culture and desires of the recipient population and its government. AID includes within the scope of NFP-related activities those aspects of breastfeeding promotion and research that are related to its birth spacing effect and the predicting, extending or monitoring of returning fertility in post-partum women.

Although NFP itself is not a new concept, it has received increased attention and interest in recent years. In fact, during the past five years annual AID funding for NFP-related activities has increased from about \$400,000 to nearly \$7 million. The Agency's interest is to make information on NFP more widely available, improve access to NFP methods in the LDCs, improve our knowledge of the effectiveness of NFP as an alternative approach to family planning, to improve NFP methodology and service delivery, and to obtain information on the psycho-social aspects of NFP.

### C. PROJECT DESCRIPTION

1. GOAL - To enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children.
2. PURPOSE - To improve knowledge, availability, acceptability and effectiveness of NFP in LDCs.
3. ACTIVITIES

This new NFP Project has been developed in order to identify, support, and monitor high quality and timely activities in NFP. It will also actively seek out new institutions and investigators to collaborate with, and new initiatives which can contribute to our knowledge of NFP and the improved delivery of NFP services in the LDCs.

A cooperating agency (C.A.) will be selected competitively to serve as the principal technical resource for NFP activities funded by AID, and assist AID in identifying, monitoring, implementing and reviewing project activities. The C.A. will rely on an expert Technical Advisory Group (TAG) which will assist

A.I.D. and the CTO in establishing project priorities; developing new activities; reviewing proposals; implementing and monitoring sub-projects; and evaluating projects.

Four broad areas of work are proposed: Research; Information, Education, Communication and Training; Technical Assistance; and Other NFP Activities.

### 3.1 RESEARCH

There has been a great deal of controversy over the use of NFP methods despite their apparent advantages, e.g. lack of physical side effects, non-physician delivery, and educational value. However, many couples do not use NFP, and many family planning programs do not offer NFP, because:

1. Although the theoretical or method effectiveness is high, the use-effectiveness is usually lower than desired.
2. Belief that NFP methods are unacceptable and/or too difficult to learn/use, especially for the target populations.
3. Belief that the costs, particularly in terms of demands on current service providers, are prohibitive.
4. Belief that the demand for, and potential use of, NFP are not sufficiently large to warrant consideration.

The research component of this project is directed at addressing some of these concerns. Issues to be examined fall under three categories: Biomedical Research, Operations Research and Social Science Research. For each of these categories a list of illustrative questions to be answered and examples of the types of projects which could be conducted are provided.

#### 3.1.1 BIOMEDICAL RESEARCH

There are currently very limited, high quality clinical or field trial data on the use and effectiveness of NFP methods by LDC women of different nationalities and reproductive states. In addition, little research is being supported on the physiology and endocrinology of the fertile period and on methods for predicting ovulation, especially as it applies to the development of improved, or totally new, NFP methods which may be better suited for LDC use. Furthermore, insufficient attention is being given to defining and improving the birth spacing effectiveness of breastfeeding or on the use of NFP to achieve pregnancy.

Examples of the priority questions which require research include:

How effective are the different currently available NFP methods?

Can current NFP methods meet the needs of women of different reproductive states, e.g. post-partum, pre-menopausal women, different nutritional levels (e.g. malnourished) and with endemic vaginal or pelvic infections?

Can the effectiveness and acceptability of the current NFP methods be improved by, for example, modifying their rules to reduce the required length of abstinence?

How effective is NFP when used to help couples achieve pregnancy?

Can new, more precise methods be developed for predicting ovulation and determining the fertile period?

What indices can women use to predict returning fertility during breastfeeding?

How can the birth spacing effectiveness of breastfeeding be improved and prolonged?

Which methods of NFP are appropriate for breastfeeding women before return of menstruation? after the return of menstruation?

Can we determine better the duration of the fertile period including the fertile life span of the sperm and ovum, and the probability of conception on different days of the menstrual cycle?

What is the relationship, if any, between the practice of NFP and the incidence of spontaneous abortions and birth defects?

The following types of biomedical research projects could be developed to answer some of these questions:

a. Effectiveness of current NFP methods

The effectiveness of NFP as a method of spacing and/or limiting births depends on a number of factors. These include the woman's diligence in observing and recording the signs and symptoms of the fertile and infertile phases of the menstrual cycle; the motivation of the couple and the joint cooperation of the man and the woman in abstaining from sexual intercourse; the couple's family planning intention; the quality of the instruction received; and, to a lesser extent with the modern NFP methods than for calendar-rhythm, on the regularity of the parameters monitored to identify the fertile days. Both prospective and retrospective studies have shown a wide range of use-effectiveness rates with a mean of around 20 pregnancies per 100 woman-years. The major reason for unplanned pregnancies is failure to abstain throughout the whole fertile period. In most studies the method effectiveness rates have been quite uniform, around 0.5 to 3%.

Clinical trials of current NFP methods (e.g. Billings method, temperature method and the sympto-thermal method) need to be conducted in developing countries to provide data for policy and program decisions.

Needed are randomized studies of different NFP methods which compare these methods and studies that contrast their effectiveness with other family planning methods. It is important to know how much more effective modern NFP methods are than the traditional calendar-rhythm method. For example, there have never been prospective clinical trials of calendar-rhythm which use subject selection criteria to maximize the likelihood of regular menstruation. If such studies show that calendar rhythm can be effective, then family planning programs might be interested in improving and providing calendar-rhythm methods which are easier to learn and follow than modern NFP methods. If such studies show a lower level of effectiveness for the calendar method alone then program efforts will have to be redirected towards upgrading the knowledge and practices of rhythm users.

Clinical trials of the cervical palpation method are also needed as the effectiveness of this approach has never been assessed.

b. Conditions under which current NFP methods can be applied

Almost all clinical trials of NFP methods have been conducted with women who have regular menstruation and ovulation. However, proponents of the Billings method (BM) claim that the method can be used effectively by all women, including breastfeeding women, pre-menopausal women, women with irregular menstruation and long cycles, and women with different nutritional levels and with endemic (acute or chronic) vaginal or pelvic disease/infections. It is also claimed that the cervical palpation method is most appropriate for breastfeeding women to predict the return of ovulation and fertility. To date no prospective, multicenter clinical trials have been conducted on (a) the ability of women with different physiological, pathological and nutritional statuses to learn NFP methods and (b) the effectiveness of different methods in such women.

c. Improving the acceptability and effectiveness of existing methods

The major cause for unplanned pregnancies in users of NFP is knowingly breaking the rules for abstinence during the fertile period. If the current methods could be improved, and the actual fertile days more precisely identified (see f and g), perhaps the use-effectiveness would increase because of a reduction in the number of days of required abstinence. Modifications of the BM which eliminate the necessity to abstain during menstruation and on "alternate dry days" would significantly reduce the period of proscribed abstinence. Furthermore, modifications of some of the

rules of the sympto-thermal method would also reduce the period of abstinence required by that method. Such modifications and their affect on acceptability, use-effectiveness and method-effectiveness need to be examined.

d. NFP for achieving pregnancy

Family planning, in general, refers to spacing, limiting and planning births in order to achieve the desired family size. By identifying the fertile period, NFP methods can be used to help couples achieve pregnancy. Prospective clinical trials with fertile and sub-fertile couples need to be conducted to determine how effective NFP methods are for this purpose. Furthermore, some NFP proponents claim that the BM can be used to pre-select the sex of offspring; Scientific data to date does not support this claim, which is frequently used to promote the BM. Additional, carefully controlled studies investigating this need to be conducted and the results widely disseminated.

e. Research on breastfeeding

It is claimed that the demographic effectiveness of breastfeeding as a method of birth spacing in developing countries is greater than all other methods of family planning combined. Any change in breastfeeding practices in the developing countries that reduces the high incidence and long duration of breastfeeding, and the frequency of suckling, is likely to impact negatively on the health of the mother and child. Thus, research that contributes to improving the practice and effectiveness of breastfeeding is accorded high priority by AID.

Research is needed in several areas of breastfeeding including an evaluation of potential indices which women can monitor to identify when they are at risk of another pregnancy during breastfeeding; a thorough investigation of the physiology and endocrinology of breastfeeding as it relates to inhibiting ovulation; regional differences in the duration of lactational amenorrhea; a study of the feasibility of suppressing ovarian function by changing breastfeeding patterns; and a multicenter evaluation of the use of different NFP methods during the post-partum period with and without breastfeeding.

f. Development of new methods to determine the fertile period

Women in developing countries should benefit from new, inexpensive and easy to use technology to identify the fertile and infertile phases of the menstrual cycle with greater precision and confidence than afforded by the currently available NFP methods. New methods that enable women to predict ovulation accurately about 4-5 days in advance and to detect ovulation within 1-2 days after it occurs should help to reduce the period of abstinence for those choosing to practice NFP to avoid pregnancy. Such new methods may also be more attractive to people who want to practice

NFP but find the current approaches unacceptable. Possible new technologies include urinary or salivary dip-stick or litmus paper tests for measuring hormones and other compounds for predicting and/or detecting ovulation. Such methods would indicate the fertile and infertile phases of the menstrual cycle with a color change visible to the naked eye. Collaboration with private sector diagnostic kit development companies would probably be required.

g. Definition of the fertile period, fertile life span of gametes, the probability of conception and the outcome of pregnancy

Research is needed on the duration of the fertile period and on the fertilizing life span of spermatozoa and the fertile life span of the ovum in humans; on the probability of conception resulting from acts of intercourse on different days of the menstrual cycle; and on the relationship between the use of NFP and the incidence of spontaneous abortion, congenital birth defects, and sex of offspring. Although available data in humans does not appear to demonstrate that the practice of NFP leads to increased risk of spontaneous abortion and birth defects, additional research is required to substantiate this. Furthermore, additional information is required on whether or not any of the current NFP methods are useful in helping couples to pre-select the sex of their offspring.

3.1.2. OPERATIONS RESEARCH

For the past ten years, A.I.D. has found operations research (OR) an effective way to test and improve family planning and maternal and child health service delivery in the LDCs. The results of OR studies provide managers and policy makers with the information they need to improve service delivery activities. Through a systematic approach to answering questions about NFP service delivery and user patterns, OR can be an effective management tool and provide important knowledge about the availability, accessibility and cost-effectiveness of NFP services in LDC settings. Illustrative examples of NFP service delivery issues that could be examined in a wide variety of sociocultural settings are: the cost-effectiveness of the programs, the length and type of training required, impact of different IE&C approaches, integration of NFP methods into existing family planning services and/or comprehensive health programs, service delivery impact on continuation rates and clients' satisfaction, etc.

Examples of the priority questions which require research include:

How can the delivery of NFP be improved?

Are there ways to present NFP to increase its acceptability and to improve compliance with abstinence during the fertile period?

What is the cost-effectiveness of NFP as it is currently being provided and how can it be improved?

What are the service delivery-related variables that affect the success of NFP?

Below are some of the issues which need to be researched to answer important service delivery questions:

a. Program cost-effectiveness

There is a lack of information on the cost-effectiveness of different approaches to delivering NFP services to LDC populations. For example, what types of training are required for service providers? What are the impact and corresponding costs of different IE&C approaches to making NFP information available? What is the impact on continuation rates and clients' satisfaction of integrating NFP services into existing family planning and/ or comprehensive health program service delivery?.

b. Educating NFP users

Teaching and motivating a couple to follow NFP is critical to client and program success. More information is needed on the service aspects of the educational component of NFP to support proposed project activities in training and information, education and communication (IE&C). The design of training and IE&C activities needs to include operations research to address questions like: What is the value of mass educational techniques at different educational levels and marital status? Are there advantages to providing NFP services in non-clinical settings? What should the content of educational programs be? What teaching methods facilitate comprehension and promote and reinforce abstinence?

c. Program management

In countries where NFP Programs are at the initial stage of development, OR provides a vehicle to demonstrate the acceptability, feasibility, and cost-effectiveness of different modes of service delivery. Pilot demonstration efforts can be effective in paving the way for expanded and strengthened NFP service delivery programs. In countries where NFP programs exist but may be inefficient, a diagnostic approach can be applied, and studies developed to test solutions to service delivery problems. In countries where NFP services are well-established, OR can be directed toward improving the management effectiveness and efficiency of NFP service delivery.

3.1.3. SOCIAL SCIENCE RESEARCH

Psychological, sociological and cultural factors significantly affect the demand for NFP and its overall effectiveness.

Successful NFP use requires high levels of user motivation from both partners. Research on psychological, social and cultural factors affecting successful (and unsuccessful) use of NFP is also needed to improve service delivery.

Examples of the priority questions which require research include:

In what cultures, sub-cultures and socio-economic groups are demand and current use of NFP the greatest?

What factors (psychological, social and cultural) affect demand and choice of NFP?

What are the profiles of successful and unsuccessful NFP users?

What are the specific cultural barriers to use/acceptance of NFP? Are there cultural characteristics which contribute to the acceptance of NFP?

What is the effect of periodic abstinence on the psychological and sexual relationship of the couple?

Does the practice of NFP increase communication between husband and wife and/or improve a couple's relationship?

Is the inclusion of fertility awareness of value to all family planning program efforts? Does it promote understanding and effective use of other methods?

The following types of research should be developed to answer some of these questions. To the extent feasible this research should be conducted in conjunction with operations research projects as discussed earlier.

a. Factors affecting demand for and choice of NFP

In many current programs in LDCs (and in developed countries), NFP techniques are presented through focused intensive program efforts and directed at specific religious groups. Research is needed to examine situations where NFP is presented as one of a number of alternatives to couples from diverse backgrounds. Information is needed on who chooses NFP methods and how they differ from those who do not. Additional information is needed on continuation rates, method changes, pregnancy rates, etc. in different types of NFP acceptors. Research on NFP users must be carried out in a variety of settings. It will require a relatively large sample of clients, some in-depth interviews and considerable follow-up.

b. Profiles of successful and unsuccessful users

Data to establish NFP user profiles can be obtained from the research discussed in (a). However, this information can also be collected by using data from ongoing NFP-only programs which may

be less costly and faster. Research in this area should permit the development of some screening tools to identify prospective high and low risk NFP users. A variable of interest will be types of sexual activity during the fertile period.

c. Cultural characteristics/barriers to NFP acceptance

The successful practice of NFP requires attitudes and/or behavior which may not be shared by all cultures or socio-economic groups. Specifically, it may be that some women will find the observation of cervical mucus unacceptable and/or their daily routine may not be conducive to monitoring basal body temperature. Also, the practice of abstinence may be more or less acceptable to certain people or groups as the cultural meanings associated with abstinence and intercourse are known to vary among different religious and cultural groups. The practicality and feasibility of using NFP in different groups of people needs to be investigated. Research on these issues can be conducted with ethnographic methods and KAP-type surveys.

d. Effects of NFP on the relationship of the couple

Advocates of NFP claim that the practice of NFP leads to increased communication between man and woman in areas wider than just family planning. They also claim that NFP can improve a couple's relationship and family life in general. However, little data is available to support or disprove these claims. Research in this area will need to look at the broader framework of differing cultural expectations for relationships and at the effects of abstinence on the couple's relationship. Such research may require a separate effort or it may be incorporated into the research discussed under a-c above. Researchers with a background in psychology, human sexuality and, perhaps, family sociology/anthropology, are required for these types of studies.

e. Benefits of fertility awareness to family planning

It has been suggested that fertility awareness education (basic reproductive biology and techniques for determining the fertile period) will be of benefit to all women regardless of which method of family planning they choose. Research on the choice of method, continuation of use, etc., in women who receive fertility awareness education as part of the provision of services compared with a control group where services are offered alone should provide valuable information. Useful control variables include education, previous contraceptive use, and cultural setting. Program costs and cost-effectiveness need to be examined.

3.2 INFORMATION, EDUCATION AND COMMUNICATION (IE&C) AND TRAINING

LDC policy makers, family planning service providers and couples all require better information on NFP in order to assess its

appropriateness for their country, service and individual needs, respectively. This element of the project will be directed at improving the information provided to LDC populations and the training for LDC service providers. Information and training on a variety of NFP methods will be made available to LDC family planning programs in order that NFP methods are integrated into the IE&C and training efforts of these programs, where appropriate, and adapted to the needs of the clientele whom they serve. The role of the male partner will be incorporated into all materials and training wherever appropriate.

The IE&C and training component of the project can build upon NFP initiatives of earlier projects which the Agency has supported as well as upon materials produced by others. It can also develop totally new materials and approaches to IE&C and training in NFP. An important element will be to work with existing and newly established multi-method and NFP-only programs worldwide which desire to introduce or upgrade information and training related to NFP.

Training as defined in its broadest sense (i.e., the transmission of a set of specific theory and skills) is both the medium for service provision as well as the method for preparing service providers to offer NFP to the clients they serve. It is important to draw this distinction for the training component of the project and to clarify that training included within the scope of this project addresses the variety of NFP and associated training needs of the family planning workers at all levels of the service provision hierarchy. It includes the instruction of clients in the various NFP methods only as a by-product of the service capabilities of family planning workers trained under this project.

Important project activities include:

a. Assessment of needs and existing resources in NFP

There needs to be a systematic worldwide assessment of country specific and regional IE&C and training needs with specific attention to operational or potential service delivery responsibilities specific to NFP. This assessment must include the identification, assessment and documentation of existing NFP IE&C materials and of NFP training resources available on a regional basis and in the U.S.

b. Development and adaptation of training materials

Where unmet needs are identified, training materials must be developed or existing materials adapted to specific country requirements. When necessary, materials will be translated into major international languages such as English, Spanish, French, Arabic and Portuguese. This would include prototype curriculum modules and attendant

teaching materials. The project will design, field test and evaluate, modify, print and distribute prototype materials. A variety of materials for each setting will have to be developed/adapted to address the needs of different levels of family planning workers.

c. Institutional support

A number of LDC institutions in both the public and private sectors will need support to train all levels of family planning workers in NFP. This will include assistance in developing and implementing specific courses in NFP and in integrating NFP into pre-existing family planning courses. Assistance will need to be provided to medical schools, nursing and midwifery schools, and for the training of auxiliaries and other health care workers. In some cases the knowledge and specific skills required for NFP will need to be integrated into current family planning curricula.

d. Compilation, update and dissemination of IE&C materials

LDC policy makers, service providers and couples lack accurate, up-to-date information on NFP. An important activity will be the identification, updating and distribution of appropriate information on NFP to policy makers, service providers, researchers and users. This will include but not be limited to information on program and policy choices, service delivery requirements, research findings, promotional and outreach materials, and teaching and IE&C materials.

As part of this information dissemination effort, the C.A. will act as the Agency's primary resource and focal point for supplying information on NFP. The C.A. will be responsible for responding to general and specific requests for information on all aspects of NFP received from national agencies, international organizations, inter-governmental organizations, private sector groups, the lay public, etc.

e. International training courses and workshops

Where and when appropriate the project will organize and conduct international training courses and workshops for different types of personnel (e.g., LDC officials, master trainers, education or health ministries) from a variety of countries.

### 3.3. TECHNICAL ASSISTANCE

Developing countries need a variety of technical assistance in order to (a) examine questions about the appropriateness and effectiveness of NFP within their national programs and (b) make program and policy decisions and incorporate these and other decisions resulting from research and training activities into national programs. In addition, the NFP-only private programs in LDCs are often church-related, grass roots or shoe string operations that need technical assistance to improve the services provided.

The project will support short term technical assistance in response to requests from host country governments and private and public agencies, organizations, programs, etc. This will be in addition to the more specific technical assistance required to implement the research, training and information dissemination activities described elsewhere in the project paper.

Examples of requests which might be met include, but are not limited to:

Requests from host country governments to carry out needs assessments, estimate demand, and design NFP and breastfeeding components to on-going family planning programs to meet this demand.

Requests from host country governments or AID cooperating agencies to review and assist in the modification of proposals for demonstration projects or research activities.

Requests from host country governments or private agencies for assistance in the review and strengthening of on-going NFP training, service programs and projects.

Requests from NFP-only programs to help improve their training curriculum, to modify IE&C materials and/or to assist in developing appropriate data collection tools such as client record keeping and accounting forms/systems.

Requests from host country governments or private agencies and programs to undertake an evaluation of current NFP-related activities or to conduct surveys.

Requests from host country governments to provide assistance in family planning policy development as it relates to NFP and breastfeeding and their potential contribution to economic development and meeting demographic goals.

In addition, the project will provide technical and material assistance to other AID C.A.s, Contractors, Grantees, PVOs, etc., who have specific needs in terms of NFP such as assistance in the design, implementation and evaluation of NFP training courses or

the NFP component of broader training courses; the development, testing and dissemination of IE&C and training materials in NFP; training staff and assisting on workshops; and project development, monitoring and assessment.

The C.A. will maintain a roster of expert consultants who are capable of providing technical assistance for all types of NFP and breastfeeding-related activities. These consultants will have expertise in such specialized areas as socio-economic, ethnographic, and psycho-social aspects of NFP, biomedical research, operations research, development of IE&C and training materials, and appropriate NFP training techniques.

### 3.4. OTHER NFP ACTIVITIES

In the process of providing general and specific technical assistance, supporting and conducting research and supporting IE&C and training activities, needs may develop for other types of NFP activities which do not necessarily fall discretely under the areas already discussed. When in keeping with the overall project goal and purpose and with the approval of the CTO, project resources may be used to support activities such as:

#### 1. NFP commodity support

In collaboration with ST/POP/CPSD, the C.A. may be asked to purchase and warehouse on behalf of AID commodities for NFP service delivery programs. These commodities could include Billings method charts and stamps (kits), thermometers, temperature charts and educational materials designed for trainers and clients as well as other commodities (e.g., office and training equipment) which may be necessary for NFP service delivery programs. The C.A. will distribute the commodities to AID approved NFP service providers throughout the developing world. Recipients of commodity support need not be involved in formal operations research projects but will be expected to submit quarterly reports including service statistics concerning their activities. Recipients of commodity support will also be expected to provide information and referrals to all clients who request other family planning methods.

#### 2. NFP services

Under special circumstances the project may support NFP service delivery activities. Such assistance may be required to cover the short term costs of maintaining NFP instructors while other avenues of financial support are being sought/processed, to cover the cost of employing training supervisors, program coordinators or promoters, etc.

3. International and national conferences, workshops and symposia

When appropriate the C.A. may organize international and national conferences related to different aspects of NFP, e.g., methods for predicting and detecting ovulation, advances in NFP, designing NFP use-effectiveness or cost-effectiveness studies.

4. Travel and study awards

Consideration will be given to supporting the travel and other costs for program personnel, investigators, policy makers and administrators, and other workers to visit NFP programs, attend conferences and meetings, etc., for the purpose of acquiring information that will directly benefit the traveller's institution.

5. Analysis of existing data

The project can support primary and secondary analyses of existing data such as survey data, service statistics, use-effectiveness data, etc., collected from other projects. Frequently it is difficult to find a mechanism to support such analyses and potentially valuable information is lost.

D. IMPLEMENTATION

1. AID Management

Primary technical and administrative responsibility will rest with the Research Division, Office of Population (ST/POP/R). The AID cognizant technical officer (CTO) will provide the C.A. with overall technical guidance and insure that project implementation is consistent with the design set forth in this PP. The CTO will undertake appropriate coordination with other offices in the Agency such as ST/POP/IT, ST/POP/FPSP, ST/POP/CPSD, PPC, the Regional Bureaus, and AID Missions. The CTO will arrange for appropriate mission clearances for proposed activities.

Consistent with the "substantial involvement" concepts underlying a cooperative agreement, the CTO will exercise a variety of functions including:

1. Collaborative involvement in the development of an annual workplan which describes the specific activities to be carried out under the agreement.
2. Approval of all activities carried out under this agreement including strategies, protocols, sub-agreements, IE&C and

training activities, information dissemination, consultancies, and international travel.

3. As appropriate, involvement in analysis and publication of findings.
4. Participation in site visits, the Technical Advisory Group (TAG), and evaluations to review program progress and future strategy.
5. CTO will also be responsible for recommending, in coordination with other AID officials, the allocation of funds under this project for support of NFP activities under other grants and contracts to meet project objectives. Such allocations will be approved by the Director of the Office of Population. Examples of where it may be appropriate to use such mechanisms are for the conduct of demographic surveys and second stage analysis of data, worldwide distribution of information, development of certain types of materials and specific components of operations research projects.

## 2. Cooperating Agency (C.A.)

The technical resources of a C.A. will be obtained competitively in accordance with A.I.D. regulations to carry out project activities. Participation of minority organizations as defined in the Gray Amendment will be encouraged to the maximum extent feasible. The C.A. will carry out needs assessments; advise on program priorities; coordinate activities; and conduct, oversee and monitor a complex program of research, training, information development and dissemination, and technical assistance. It is anticipated that the C.A. will carry out directly about one third of technical activities and subcontract for the remainder. The C.A. must have in-house expertise and demonstrated competence in research, IE&C, training and providing technical assistance to developing countries. The C.A. must be able to present a staff and roster of consultants who possess technical expertise in the areas above combined with in depth knowledge of NFP.

### 2.1 Cooperating Agency Staff

Estimated staff requirements by staff grade and time on project

<u>Professional</u>	Approximate GS Level	Full-Time Equivalents
Senior Principal Investigator	14-15	50%, 30 pm
Senior Biomedical Scientist	14	100%, 60 pm
Senior Social Scientist	14	100%, 60 pm
Senior Trainer/Educator	12-14	100%, 60 pm
Program Administrator	12-13	100%, 60 pm

Mid-level Technical Assistant	9-11	200%, 120 pm
Mid-level Programmer/Analyst	10-12	50%, 30 pm
Mid-level Editor/Writer	9-11	50%, 30 pm

Non-Professional

Bi-Tri-lingual Secretary	6-7	100%, 60 pm
Secretary	5-6	100%, 60 pm

pm = person months

2.2 Facilities

The C.A. must have the facilities necessary to carry out the program described, e.g. access to computer facilities, biomedical research laboratories, family planning clinics, communications and mailing systems, printing facilities, etc. Project funds will not be available for capital purchases, renovation of facilities, construction, etc.

3. Process for Establishing Priorities and Technical Advisory Group (TAG)

Given the breadth of activities in this project and the limits on funds available, it will be necessary to establish priorities both between and within lines of work. To assist in the determination and ranking of priorities, a Technical Advisory Group (TAG) will be established by the C.A. with the concurrence of the CTO. The C.A. will identify suitable experts who will be invited to join the TAG. The TAG will advise the C.A. and the CTO, assist the C.A. in developing projects (through their knowledge of, and contacts in their field of expertise as it relates to the activities of the project); reviewing proposals at meetings of the TAG and recommending specific amendments/modifications, where appropriate (based on criteria approved by the CTO); monitoring funded projects (by reviewing technical progress reports primarily at TAG meetings); and provide general assistance to the C.A. and CTO as requested.

The TAG will have about 12 members drawn from around the U.S., at least half of whom should be knowledgeable in NFP, and meet from 2-4 times per year. The TAG members will have technical expertise in areas such as:

- Clinical Obstetrics & Gynecology (1)
- Reproductive Physiology/Endocrinology

- Family Planning Evaluation (1)
- Health and Family Planning Education (1)
- Family Planning Training (1)
- IE&C Materials development (1)

The criteria for selecting TAG members will be developed by the C.A. and the CTO. The TAG and C.A. staff will recommend additional ad hoc members or reviewers when other special expertise is required. The C.A. will provide administrative support to the TAG. Project priorities will be translated into project activities by the C.A. in collaboration with AID/CTO and TAG and incorporated in the annual workplan. The tenure of TAG members and the frame of reference and modus operandi of the TAG will be established, in detail, by the C.A. with the concurrence of the CTO.

4. Coordination and Implementation of Project Activities

4. Coordination

The C.A. will act as the Agency's main technical resource for NFP-related activities. It will be expected to establish good working relations with all appropriate AID Bureaus, Missions, C.A.s, Contractors and Grantees. The C.A. will be responsible for collecting program data on other A.I.D.-financed NFP activities to ensure that all NFP and breastfeeding activities which are supported by this project are not duplicative and are complementary to the overall NFP strategy established by the Agency and detailed in this project paper.

To do this, the C.A. will:

1. Undertake a thorough review of all NFP activities.
2. Provide regular updated information on NFP and breastfeeding activities throughout the world so that host country governments, other donors and family planning organizations are fully informed on the latest technology, results and ongoing activities. This information will be disseminated by appropriate means, such as a regular newsletter.
3. Develop a semi-annual reporting system for all AID-financed NFP activities including information from all AID projects/programs, C.A.s, Contractors, Grantees (both centrally and Mission/Bureau funded). The C.A. will analyze this information and prepare reports to AID which (a) list the activities by C.A., Contractor, Mission, etc., with current FY obligations and (b) which provide more detailed information (such as summary or comprehensive descriptions of the activities) as requested by the CTO.

4. Provide technical and material assistance to other AID-financed Contractors, C.A.s, etc. who wish to increase their NFP activities (see section 3.3).

#### 4.2 Development, Management and Implementation of Project Activities

The steps involved in developing, managing and implementing sub-projects and other activities will follow the same general pattern whether these are research, information and training or technical assistance activities. These steps include assessing current knowledge and needs; identifying capable collaborators, institutions, and consultants; obtaining necessary clearances and approvals; designing, funding, monitoring and evaluating projects; and analyzing, writing up and disseminating results. A more detailed explanation of these steps is provided below for research and IE&C and training activities:

##### 4.2.1 Research

- a. Determine and prepare an overview or summary of what is already known about the biomedical, service delivery and psycho-social aspects of NFP and breastfeeding in the developed and developing countries, and identify priority issues for further research. Meetings drawing together experts in relevant disciplines may be required to provide direction for specific research. The C.A. will draw upon published literature and information gathered from consultations with NFP experts and family planning researchers, population professionals, AID Office of Population staff, and others as appropriate.
- b. Assess regional and country-specific NFP research needs and resources on a worldwide basis. NFP research needs will be assessed in AID's priority countries for population assistance in Africa, Asia, Near East and Latin America and the Caribbean. A.I.D officials from the Office of Population, Regional Bureaus and Missions, and NFP experts will be an important source of information about the potential development of NFP projects. Once a country is identified as priority area for NFP project development, country level needs and resources assessment will be initiated.
- c. Provide technical assistance to host country institutions to (i) design sub-projects, (ii) identify researchers and institutions capable of conducting sub-projects, (iii) implement sub-projects in each of the three research areas in the AID geographic regions as appropriate, (iv) monitor and evaluate research and (v) prepare technical reports and manuscripts and disseminate results of such studies at the national and international level.

#### 4.2.2 IE&C and Training

- a. Assess country specific and regional IE&C and training materials, needs and opportunities in NFP and breastfeeding with specific attention to operational or service delivery responsibilities of different levels of family planning workers.
- b. Assist selected regional and host country organizations, institutions and governments to identify their resources and capabilities to introduce or improve NFP knowledge and skills in existing or new training programs.
- c. Update, adapt or develop new training courses with LDC agencies, institutions and governments to address needs in NFP training.
- d. Provide technical materials, technical assistance and other support to begin training in accordance with specific host country needs, interests and available resources.
- e. Collect evaluation data on training in accordance with criteria established by C.A., host countries and AID.
- f. Design, field test and evaluate, modify, translate, print, and distribute prototype curriculum(a) in NFP which includes provision for adaptation to a variety of training situations and to various types of NFP workers.
- g. Compile, update and distribute annotated resource guides on NFP IE&C materials and training materials.
- h. Support development of IE&C and training materials to meet identified needs.
- i. Organize and conduct training courses, workshops, etc. necessary to support other project activities (e.g., training in evaluation techniques, operations research methods, etc.) as appropriate to achieve overall project objectives.

#### 5. Timetable

- |                                    |                     |
|------------------------------------|---------------------|
| 1. Authorization                   | February 1985       |
| 2. S&T notifies Missions of new PP | February 1985       |
| 3. Congressional Notification      | February 1985       |
| 4. PIO/T to SER/CM                 | February-March 1985 |
| 5. RFP announced in CBD            | March 1985          |

- |  |                                       |
|--|---------------------------------------|
| 6. Award of Cooperative Agreement  | June-July 1985                        |
| 7. S&T/POP advises Missions of project award and disseminates information regarding recipient and types of assistance available    | July-August 1985                      |
| 6. Operations begin, start-up activities, first meeting of TAG   | August - December 1985                |
| 7. Development of Annual Work Plan   | December 1985                         |
| 3. Needs assessments/baseline data collected & submitted. Review and approval of projects and sub-projects for first project year. | Sept 1985-Feb 1986                    |
| 9. Regional and U.S. training  | January 1986-                         |
| 10. Materials Development  | January 1986 -                        |
| 11. Technical Assistance   | January 1986 -                        |
| 12. Curriculum Development   | January 1986 -                        |
| 13. In-country training  | April 1986 -                          |
| 14. Resource Guides<br>first draft   | August 1986                           |
| 15. Update of Annual Workplan  | December 1986, 1987,<br>1988 and 1989 |
| 16. Semi-Annual Report of AID-Supported NFP Activities   | Jan 1986, July 1986,<br>etc           |
| 17. Provide quarterly updated reports on worldwide NFP activities  | Jan 1986, Apr 1986, etc               |
| 18. Curriculum Field Test  | August 1986-August 1987               |
| 19. External Evaluations   | Oct-Nov 1987 and 1989                 |

#### 6. Budget

The total life of project funding will be \$20 million over 5 years. The budget for the prime cooperative agreement is estimated at \$15 million, with the following yearly breakdown: FY85 - \$2.3 million, FY86 - 3.0 million, FY87 - \$3.2 million, FY88 - \$3.2 million, FY89 - \$3.3 million. An additional \$1 million per year will be used to support NFP-related activities under other existing contracts and agreements.

6.1 The total project resources (\$20 million) are tentatively allocated among functional areas as follows:

<u>Functional Area</u>	<u>Percent</u>	<u>All Years (\$000)</u>
Research	40%	8,000
[Biomedical	15%	3,000]
[Operations	15%	3,000]
[Social Science	10%	2,000]
IE&C and Training	25%	5,000
Technical Assistance	25%	5,000
Other NFP Activities	10%	2,000
TOTAL	100%	20,000

6.2 Illustrative Budget

	Year 1	Year 2	Year 3	Year 4	Year 5
	(\$000)				

A. Cooperative Agreement

Salaries	300	330	410	430	452
Fringe benefits (19%)	57	65	78	82	86
Consultants	100	130	138	138	150
Travel and per diem	100	130	138	138	150
Supplies	25	32	34	20	20
Workshops, conferences, and seminars	100	200	160	150	150
Other direct costs (e.g. publications/printing)	50	65	68	68	75
Technical assistance (TA)	308	400	424	424	430
Sub-agreements	917	1200	1272	1272	1290
Research	488	640	678	678	685
IE&C and training	308	400	424	424	430
Other NFP activities	121	160	170	170	175
Overhead (30% on prime)	220	286	303	303	325
(10% on subs & TA)	123	162	170	170	172

Sub-total for C.A. 2,300 3,000 3,200 3,200 3,300

B. Activities under other

Contracts and Agreements 1,000 1,000 1,000 1,000 1,000

Grand Total for Project 3,300 3,000 4,200 4,200 4,300

7 Reports

The C.A. shall submit reports as follows:

1. Two reports will be submitted annually consisting of interim activity reports (submitted six months after the project commences and then at 12 month intervals) and annual progress reports (submitted 12 months after the project commences and then at 12 month intervals). All reports shall be submitted to the AID CTO in six copies covering ongoing and completed activities as well as plans for the next six months. The reports should include, but not be limited to, a description of activities, summary of results and accomplishments and problems in the areas of program development and execution.
2. All financial reports and vouchers for payment and reporting of expenditures will conform to standard AID regulations and procedures.

8. Evaluation

The project will be closely monitored and evaluated on a continuing basis by the CTO with the assistance of the technical staff of the Office of Population. There will be annual management reviews. Major external evaluations are anticipated at the end of the second year and again at the end of the fourth year. These will use AID staff and outside experts to make a detailed assessment of project organization and development; project management; project output; research, information and training and technical assistance procedures; and recommendations for project improvement and future activities. The results of the fourth year evaluation will be used to make decisions on project continuation. These evaluations will be carried and supported through the resources of the Population Technical Assistance project.

9. Conditions and Covenants

Agreements which may be negotiated under this project and executed by the officer(s) to whom such authority is delegated, in accordance with AID regulations and Delegations of Authority, shall be subject to the following terms and conditions together with such other terms and conditions as AID may deem appropriate:

Source and Origin of Goods and Services

Each country where research, training, technical or other assistance takes place under this project shall be deemed to be a cooperating country for the purpose of

permitting local cost financing. The aggregate cost of all goods and services under each subagreement in a cooperating country may be procured in the special free world category (Code 935) up to \$750,000 for the purpose of permitting local cost financing.

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Life of Project:  
From FY 85 to FY 87  
Total U.S. Funding \$2,000,000  
Date Prepared: July 1983

Project Title & Number: 936-3040 Natural Family Planning

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes: To enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children.</p>	<p>Measures of Goal Achievement: 1. LDC couples' actual and desired fertility are consistent. 2. Safe, effective and affordable family planning methods are available to all couples desiring to use them.</p>	<p>1. Census information, vital statistics, demographic surveys. 2. Impact studies 3. Sector assessments, etc.</p>	<p>Assumptions for achieving goal targets: 1. A wide variety of family planning methods are required to meet LDC needs 2. Couples wish to choose voluntarily the number and spacing of children and will utilize acceptable methods of family planning.</p>
<p>Project Purpose: To improve knowledge, availability, acceptability and effectiveness of NFP in LDCs.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status. 1. Greater acceptance of NFP as being useful. 2. More LDC programs offer NFP. 3. More people know of and use NFP. 4. Improved methods developed.</p>	<p>1. Review country programs and policies. 2. Review KAP studies and surveys. 3. Review research findings and reports. 4. Review general family planning literature.</p>	<p>Assumptions for achieving purpose: 1. NFP is safe and effective. 2. There is a demand for NFP services. 3. Better NFP information and training will increase NFP use and effectiveness. 4. Better technology can be developed and will be more acceptable and effective.</p>
<p>Outputs: 1. Improved knowledge and use of NFP in LDCs. 2. Improved information about NFP delivery and physiology of reproduction. 3. NFP materials distributed to FP programs and clients. 4. More NFP Trainers and Teachers. 5. LDC Technical Assistance needs met.</p>	<p>Magnitude of Outputs: 50-75 Research Projects in 15-20 countries 10-20 LDCs receive technical assistance 20 Training and Information/IEC projects in 15-20 countries Training/Materials developed Trained trainers and instructors trained</p>	<p>1. Results of field tests. 2. Articles in journals. 3. Review surveys. 4. Review research and activity reports. 5. Review training and participant reports. 6. Review TA and mission reports.</p>	<p>Assumptions for achieving outputs: 1. Good NFP field studies and research can be conducted in LDCs. 2. Better methods can be developed 3. There is a demand for more and better NFP materials and teachers. 4. Expertise is available to carry out activities. 5. Host country gov't. and USAIDs will request NFP TA.</p>
<p>Inputs: AID/W Personnel and Consultants Travel and Per Diem Workshops and Seminars Technical Assistance Sub-agreements Supplies and Other Costs Overhead Activities under Other Contracts and Agreements</p>	<p>Implementation Target (Type and Quantity) (All Years \$000) 2,946 656 760 1,986 5,951 457 2,244 <u>5,000</u> TOTAL 20,000</p>	<p>Financial Reports 15-20 Workshops, seminars and/or conferences 50-75 Scientific Publications</p>	<p>Assumptions for providing inputs: 1. Congressional appropriations support population programming at planned levels. 2. USAIDs and governments approve subprojects.</p>

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AID 1020-20 (1-78)

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

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

Life of Project: From FY. 85 to FY. 89  
Total U.S. Funding: \$20 million  
Date Prepared:

Project Title & Number: 936-3040 Natural Family Planning

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes: (A-1)</p> <p>To enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children.</p>	<p>Measures of Goal Achievement: (2-3)</p> <p>LDC couples' actual and desired fertility are consistent; safe affordable methods of family planning are available to all couples desiring to use them.</p>	<p>(A-3)</p> <p>Census information, vital statistics, demographic &amp; family planning surveys. Impact studies. Sector assessments, etc.</p>	<p>Assumptions for achieving goal targets: (A-4)</p> <ol style="list-style-type: none"> <li>1. A wide variety of FP methods are required to meet LDC needs.</li> <li>2. Couples wish to choose voluntarily the number and spacing of children and will utilize acceptable means of family planning.</li> </ol>

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AID 1020-20 (11-72)  
SUPPLEMENT 1

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Life of Project:  
From FY 85 to FY 89  
Total U.S. Funding 20 million  
Date Prepared:

Project Title & Number: Natural Family Planning , 936-3040

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Purpose: (B-1)</p> <p>To improve knowledge, availability, acceptability, and effectiveness of NFP in LDCs.</p>	<p>Conditions that will indicate purpose has been achieved: End-of Project status. (B-2)</p> <p>Greater acceptance of NFP as a useful technology.</p> <p>More LDC programs and policies include NFP.</p> <p>More LDC citizens have knowledge of NFP.</p> <p>More LDC citizens use NFP effectively.</p> <p>Improved NFP methods have been developed.</p>	<p>(B-3)</p> <p>Review country programs and policies.</p> <p>Review KAP studies and other surveys</p> <p>Review research findings and reports.</p> <p>Review of general FP literature</p>	<p>Assumptions for achieving purpose: (B-4)</p> <ol style="list-style-type: none"> <li>1. A NFP is safe and effective.</li> <li>2. There is a demand for NFP.</li> <li>3. With better information NFP use will increase.</li> <li>4. NFP technology can be improved.</li> <li>5. With better methods, NFP use will increase.</li> <li>6. Better NFP information and methods will result in inclusion of NFP in LDC programs.</li> </ol>

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AND THE STATE OF TEXAS  
SUPPLEMENTAL

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Life of Project: \_\_\_\_\_  
From FY \_\_\_\_\_ to FY \_\_\_\_\_  
Total U. S. Funding \_\_\_\_\_  
Date Prepared: \_\_\_\_\_

Project Title & Number: Natural Family Planning 936-3040

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Inputs: (D-1)</p> <p>Improved knowledge, acceptability effectiveness of various NFP methods in a variety of LDC settings with women of different reproductive status.</p> <p>Improved NFP methods, more knowledge of cost-effectiveness of NFP in LDCs, improved knowledge of human reproductive physiology.</p> <p>NFP materials developed and distributed to LDC leaders, service providers and consumers.</p> <p>NFP instructors and trainers of trainers trained.</p> <p>Country technical assistance needs met.</p>	<p>Implementation Target (Type and Quantity) (D-2)</p> <p>25-40 biomedical research projects in 6-10 countries; 4 large operations research projects, one in each region; 10 small operations research projects in 8-10 countries; 10 social science research projects in 7-10 countries; 10-20 LDCs receive technical assistance; 20 training/IEC projects in 15-20 countries; 20 prototype training/information materials and/or manuals produced; 300 teacher trainers and 14,000 instructors trained; 5-10 International workshop, seminars, meetings and/or conferences held in 4-6 countries; 10 national workshops or conferences held in 10 countries; 50-75 scientific publications.</p>	<p>(D-3)</p> <p>Results of field tests</p> <p>Articles in scientific journals</p> <p>Review surveys.</p> <p>Review of research, activity and country reports.</p> <p>Review training and participant reports.</p> <p>Review technical assistance and mission reports.</p>	<p>Assumptions for providing inputs: (D-4)</p> <ol style="list-style-type: none"> <li>1. Scientifically-sound trials of NFP methods can be carried out in a variety of LDC settings.</li> <li>2. Current technology is amenable to developing improved NFP methods.</li> <li>3. Operations research studies can be conducted on NFP in a variety of LDC settings.</li> <li>4. There is a demand for NFP materials and teachers.</li> <li>5. There is available expertise and capability to carryout activities.</li> <li>6. Host country govts. and missions will request NFP assistance.</li> <li>7. NFP pilot/demonstration projects can be designed and carried out.</li> </ol>

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PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

Project Title & Number: 936-3040 Natural Family Planning

Life of Project:  
From FY 75 to FY 77  
Total U.S. Funding \$ 20,000,000  
Date Prepared: 11/23/75

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Inputs: (D-1)	Implementation Target (Type and Quantity) (D-2)	(D-3)	Assumptions for providing inputs: (D-4)
<p style="text-align: center;">AID/W.</p>	<p style="text-align: center;">All Years (\$000)</p>		
<p>A. Cooperative Agreement</p> <p>Salaries 1,922</p> <p>Fringe benefits (19%) 368</p> <p>Consultants 656</p> <p>Travel and per diem 656</p> <p>Supplies 131</p> <p>Workshops, conferences, and seminars 760</p> <p>Other direct costs (e.g. publications/printing) 326</p> <p>Technical assistance (TA) 1,986</p> <p>Sub-agreements 5,951</p> <p>  [Research 3,169]</p> <p>  [IE&amp;C and training 1,986]</p> <p>  [Other NFP activities 796]</p> <p>Overhead (30% on prime and 10% on subs &amp; TA) 2,244</p> <p>Sub-total for C.A. 15,000</p>		<p style="text-align: center;">Financial Reports</p>	<p>1. Congressional appropriations support population programming at planned levels.</p> <p>2. USAIDs and governments approve subprojects.</p>
<p>B. Activities under other Contracts and Agreements 5,000</p>			
<p>Grand Total for Project 20,000</p>			

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Population Sector Council  
Minutes

Date and Place: January 29, 1985, 10:00 a.m.  
Room 809 SA-18

Participants: S&T/HP, James E. Sarn, Chm. *JS*  
S&T/POP, Steven W. Sinding  
AFR/TR, Gladys Gilbert  
ASIA/TR, D. Got  
LAC/DR, M. Brackett  
NE/TECH, C. Johnson

Observers: S&T/POP, D. Gillespie  
J. Dumm  
J. Shelton  
J. Spieler  
R. Thomsen  
S&T/PO, H. Destler  
State/OES, S. Oveson

Executive Secretary: S&T/HP, J. Shallcross

Topic: Project Paper, Natural Family Planning, 936-3040  
5 Year Project with 3-Year Authorization  
LOP Funding \$20,000,000

Discussion: This project is designed to improve the knowledge, availability, acceptability and effectiveness of natural family planning (NFP) in the less developed countries. It was developed to enable the Agency to be responsive to new opportunities and issues in the NFP field. It is an umbrella-type project designed to enable the Office of Population to manage a broad range of NFP activities. The project components will: fill gaps in knowledge; undertake research, develop IEC subprojects, provide technical assistance and conduct other NFP related activities. It will provide training in NFP, information on acceptability of methods and on the psycho-social factors involved in choosing and continuing the use of NFP.

The umbrella design of this project will funnel NFP projects and proposals through a prime contractor who will use subagreements for the diverse activities identified in the proposals. This project will complement the \$4 million of NFP activities currently being developed by existing S&T/POP cooperating agencies and contractors.

Council members were unanimous in their praise of the Research Division staff for writing such a good project paper. However, Council did have some concerns:

- The importance of selecting an appropriate/competent prime contractor -- S&T/POP has no organization in mind, but believed that a university with a proven track record in biomedical and operations research and technical assistance to LDCs and with an interest in NFP would be best. The prime contractor should have expertise in at least two of the major elements.

- Whether this project will ease the political pressure being faced by the Agency -- Since this project is designed to be a first filter on NFP proposals and the Agency's primary resource for NFP, it is hoped the contractor will absorb a major part of this pressure.

- Whether items in the PP are prioritized -- The items listed in the PP are illustrative only. The prime contractor, in consultation with AID, will prioritize those items to be included. This will be addressed in the RFA. The Agency and prime contractor will also develop criteria for project selection, perhaps using the PARFR model.

- Because NFP turns up under many centrally funded projects, what is the relationship between this project and the other cooperating agency and contractor programs? -- It is important for all CAs to be working in NFP. This contractor will become the Agency's focal point on NFP and will assume responsibility (with the project manager) for ensuring that all NFP activities are well coordinated between the different CAs and contractors.

- The importance of the selection of the Technical Advisory Group -- S&T/POP agrees this is a critical phase and will have approval of TAG membership. AID will also approve all subproject activities.

- Whether S&T/POP has addressed the risk in consolidating NFP into one basket -- The intention of this project is not to put all the eggs in one basket; the Agency will continue to support NFP activities under as many contracts and agreements as possible. Last year ST/POP spent \$6.8 million in NFP in 22 centrally funded and USAID projects. This year it will be \$8 million. This is a very heavy workload for POP Research staff. Good management dictates a central mechanism with solid criteria for subproposal selection.

- The need for including LDC representatives on the TAG -- NFP experts in LDCs and with LDC experience will provide valuable in-country expertise and advice. It was agreed that the TAG will not be restricted to US experts.

Action: Council consensus is that the project should be funded.  
M. Brackett has agreed to assist in preparing on the RFA.