

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
C = Change
D = Delete

101 82530
Amendment Number

DOCUMENT CODE

3

2. COUNTRY/ENTITY
Worldwide

3. PROJECT NUMBER

936-3068

PD-ABG-011

4. BUREAU/OFFICE

R&D/POP

5. PROJECT TITLE (maximum 60 characters)

Voluntary Surgical Contraception

6. PROJECT ASSISTANCE COMPLETION DATE (FACD)

MM DD YY
08 23 03

7. ESTIMATED DATE OF OBLIGATION

(Under "E" below, enter 1, 2, 3, or 4)

A. Initial FY 93

B. Quarter 4

C. Final FY 02

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 93			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	8,000		8,000	398,940		398,940
(Grant) R&D/POP	()	()	()	(323,382)	()	(323,382)
(Loan)	()	()	()	()	()	()
Other U.S. L ADD-ONS				75,558		75,558
2						
Host Country						
Other Donor(s)						
TOTALS	8,000		8,000	398,940		398,940

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	440					310,000		310,000	
(2) DFA	440					8,000		8,000	
(3) ESF	440					3,000		3,000	
(4) NIS	440					2,382		2,382	
TOTALS						323,382		323,382	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODES

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To introduce, expand and improve voluntary surgical contraception services and their long-term methods.

14. SCHEDULED EVALUATIONS

Interim MM YY Final MM YY
06 95 06 02

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page FP Amendment)

17. APPROVED BY

Signature

Elizabeth Maguire
Acting Director
Office of Population

Date Signed

MM DD YY

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

PROJECT AUTHORIZATION

Name of Project: Program for Voluntary Surgical
Contraception

Number of Project: 936-3068

Country: Worldwide

1. Pursuant to Section 104(b), Population Planning; Section 496, Development Fund for Africa (DFA through OYB transfers); Section 531, Economic Support Fund (ESF through OYB transfers); and Section 498, Assistance to the New Independent States (NIS through OYB transfers), of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Program for Voluntary Surgical Contraception project (936-3068) involving obligations not to exceed \$323,382,000 in grant funds from the accounts listed above, subject to availability of funds in accordance with the A.I.D. OYB/allotment process.

The initial year of obligation is planned for FY 1993, the final year of obligation is FY 2002, and the PACD is 8/23/2003.

In addition to the amount authorized above, an estimated \$75,558,000 may be contributed to this project by Missions, Regional Bureaus, and other offices of A.I.D. Funding may be provided from the Economic Support Fund (ESF), New Independent States (NIS), or the Development Fund for Africa (DFA) accounts, as well as the accounts authorized for R&D funding under this project.

2. The project purpose is to achieve significant and measurable impact in priority countries in introducing, expanding, and improving voluntary surgical contraception services and other long term contraception methods.

The project will finance technical assistance, training and a modest amount of equipment and commodities. The project places a strong emphasis on developing quality assurance, self-monitoring plans. Approximately seventy-five percent of project funding will be allocated to the 20 priority countries designated by the Office of Population.

3. The agreements 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:

a. Source and Origin of Commodities, Nationality of Services
Commodities financed by A.I.D. under the project shall have their source and origin in the United States, except as A.I.D. may otherwise agree in writing, or as otherwise provided in paragraph

2

b. or c., below. All pharmaceuticals will be purchased through A.I.D.'s central procurement contract administered by R&D/POP/CPSD which will be responsible for all applicable waivers.

Except for ocean shipping, the suppliers of commodities or services shall have the United States as their place of nationality, except as A.I.D. may otherwise agree in writing, or as otherwise provided in paragraph b. or c., below. Ocean shipping under the project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

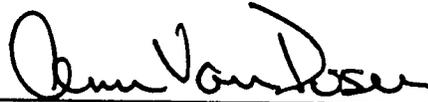
b. Local Cost Financing

Financing local procurement is the use of project funds to finance the procurement of goods and services supplied by local businesses, dealers, or producers, in a cooperating country (i.e., one in which research, training, or technical or other assistance takes place under the project), with payment normally being in the currency of that country.

Unless a further specific waiver of source, origin, or nationality rules is obtained under Handbook 1, Supplement B, Chapter 5, locally financed procurement may not be in excess of that permitted under the rules for local procurement in Handbook 1, Supplement B, Chapter 18.

c. Other Funds

Funds used under the project, such as the Development Fund for Africa (DFA), will retain any wider source basis upon which they may be appropriated



Ann Van Dusen
A/Assistant Administrator
Research and Development

Date: June 2 1993

Clearances:

R&D/POP: EMaguire	<u>EMaguire</u>	Date <u>5/27/93</u>
R&D/PO: JBierke	<u>JBierke</u>	Date <u>6/1/93</u>
GC/R&D: GWinter (Draft)		Date <u>5/27/93</u>
A/DAA/R&D: DGillespie		Date _____



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

**ACTION MEMORANDUM FOR THE ACTING ASSISTANT ADMINISTRATOR FOR
RESEARCH AND DEVELOPMENT**

FROM: R&D/POP, Elizabeth Maguire, ^{*EL Maguire*} (Acting)

SUBJECT: Project Authorization for the Program for Voluntary
Surgical Contraception Project (936-3068)

PROBLEM: Your authorization is requested for \$323,382,000 from the Population Planning (PN), Development Fund for Africa (DFA), New Independent States (NIS), and the Economic Support Fund (ESF) appropriations for a follow-on, centrally-funded project -- the Program for Voluntary Surgical Contraception (936-3068). Of the total authorized amount, \$306,829,000 is from the R&D core budget and \$16,553,000 is from OYB transfers. This project has a planned life-of-project of ten years.

PROJECT DATA: The planned initial year of obligation is FY 1993, and it is estimated that \$8 million of central funds will be obligated the first year. No OYB transfers are expected in FY 1993. The planned final year of obligation will be FY 2002, and the estimated PACD will be 8/23/03.

In addition to the amount of core funds to be authorized as described above, an estimated \$75,558,000 may be contributed to this project by Missions, Regional Bureaus, and other offices of A.I.D. Funding may be provided from the Economic Support Fund (ESF) the Development Fund for Africa (DFA), and assistance to the New Independent States (NIS) accounts, as well as from the accounts authorized for R&D funding under this project.

PROJECT PURPOSE: The purpose of the project is to introduce, expand and improve voluntary surgical contraception services and other long-term contraceptive methods.

PROJECT DESCRIPTION: This project will support the continuation and expansion of A.I.D.'s collaborative relationship with the Association for Voluntary Surgical Contraception (AVSC), a recognized worldwide leader in the field of voluntary surgical contraception (VSC). AVSC is a nonprofit organization which from its incorporation in 1943 took the lead in securing the right of individuals to choose sterilization as a means of birth control. A.I.D. support began in 1972 and has continued through the present. AVSC, working in partnership with A.I.D. and other cooperating and international agencies, has helped to introduce sterilization services to nearly 50 countries. Since 1979,

voluntary sterilization has been the world's most used contraceptive method.

In order to meet the United Nations medium population projection for the year 2000, service providers in developing countries will have to perform 150 million sterilizations, insert 310 million IUDs, implant 31 million sets of NORPLANT[®], give 663 million injections, and distribute 8.8 billion cycles of oral contraceptives and 44 billion condoms. Further, the recently released survey results by the Demographic and Health Surveys and Family Planning Survey's organizations show that 20 percent of women in developing countries want to avoid pregnancy but are not using contraception. AVSC has submitted a ten-year proposal which calls for doubling their efforts in the first five years to include all long-term contraceptive methods including sterilization, IUDs, NORPLANT[®], and injectables such as Depo Provera[®]. By doubling the size of the program, AVSC expects to more than double the number of sterilization procedures in the countries that they are working in. This effort will require additional staff both in the U.S. and overseas. Quality of care and informed consent will retain their preeminence in the program and this is taken into account in the strategy and level of effort planned for each country. Quality will not be sacrificed for rapid expansion. This proposal represents an appropriate response to the challenges of the ever increasing demand for contraceptive services and is a key element for advancing A.I.D.'s population strategy.

Emphases under this project include: (1) medical quality assurance, (2) voluntarism and well-informed clients; (3) client-centered service systems; (4) service-based training; (5) vasectomy and male involvement in family planning; (6) postpartum and postabortion family planning services; (7) social marketing; (8) sustainable and cost-effective services; (9) evaluation and research.

- **Medical quality assurance**

Under this project, AVSC will expand its program of medical quality assurance for clinic-based family planning services by: defining guidelines for safe delivery of contraceptive services and adapting them to local country circumstances; continuing efforts to establish in-country capacity to establish and maintain quality assurance systems; focusing on infection prevention; conducting a program of clinical operations research to assess the programmatic usefulness of promising new contraceptive methods and to design services that are safer and achieve greater client comfort and satisfaction.

- **Voluntarism and well-informed clients**

AVSC will continue to provide global leadership and country-level assistance in assuring voluntarism; establishing, training for, and evaluating counseling; and developing client-centered informational materials and programs. In these areas, AVSC will provide technical assistance, will develop guidelines, manuals, audiovisual material and other aids for counseling, and will help countries conduct voluntarism assessments for their programs.

- **Client-centered service systems**

This project expands on recent work that attempts to deal with problems of unattractive and inefficient services which discourage clients from using nominally available services although they say they want to delay or stop having children. This involves helping countries and institutions to design and manage client-oriented service systems that offer clients good services, efficiently.

- **Service-based training**

Consistent with the effort to get maximum leverage from assistance provided under this project, training will be an important part of the work carried out. The focus will be on training of trainers, and on the use of service settings as the most appropriate place to train service providers. Where possible, AVSC will link trainers with quality assurance systems as a way of providing feedback to trainers on service delivery issues and problems, and of utilizing the trainer-trainee relationship to facilitate quality assurance. Training will not be limited to clinical skills; it will also address counseling, information, community outreach, and clinic management skills. AVSC will collaborate in the development of curricula where needed.

- **Vasectomy and male involvement in family planning**

This project will undertake significant efforts to introduce and expand vasectomy services and to encourage increased male involvement in family planning decision-making and practice. The no-scalpel vasectomy technique, having already been shown to stimulate interest in vasectomy, will continue to be an important way to enhance interest on the part of policy-makers, providers, and clients.

- **Postpartum and postabortion family planning**

This project will also focus on another often underserved group, postpartum and postabortion clients, drawing on AVSC-conducted research showing that women who are having babies are interested

in learning about postpartum contraception and in having it as an option.

- **Social marketing**

This project will begin to explore opportunities for using social marketing systems and approaches for linking up with the for-profit health delivery sector and for reaching other potential clients for long-acting and permanent contraception. It will include work in collaboration with social marketing organizations like The Futures Group under the Contraceptive Social Marketing Project (936-3051) and a continued search for other opportunities to expand private sector service delivery in priority countries.

- **Sustainable and cost-effective services**

Country-level work plans and strategies under this project will include planning for sustainability -- meaning that services for long-term contraception should continue to be generally available as part of the regular health and family planning services system, after AVSC support ends. This project will also support cost studies to help guide sustainability planning.

- **Evaluation and research**

Work done under this project will continue to be planned and carried out in an evaluative framework. Each multi-year country work plan will contain its own evaluation framework. This framework will include measurable goals for introducing, expanding, or improving long-term contraception services in a country, with clear statements of the linked intermediate objectives that will lead to the achievement of the country strategic goals. AVSC will collaborate with other organizations that specialize in evaluation to utilize their findings and to help them make their activities more useful for the delivery of voluntary surgical contraception services.

In addition, research on important issues related to service delivery will also be carried out. Where possible, this will be done in collaboration with operations research organizations.

- **Implementation arrangements**

Implementation arrangements are country specific with plans being developed for each of the countries that AVSC has activities in. For the R&D/POP "priority" countries, AVSC will develop multi-year workplans and budgets. For non-priority countries these plans are done annually. AVSC will continue to submit an annual workplan to USAID Missions and the Office of Population for review and approval. Activities not included in the annual workplans must be reviewed and approved by R&D/POP before funding is provided. All country workplans are developed in conjunction

1

with USAID Missions and host country institutions. Most AVSC activities are implemented by host country organizations, both public and private, through subagreements. In many countries there are subagreements with more than one organization. AVSC provides technical assistance, training and equipment to these organizations as required. A table describing the strategies and relative levels of effort for each priority country is found on pages 24 and 25 of the proposal.

Coordination with other organizations. AVSC is coordinating their activities closely with other cooperating agencies and international organizations. The proposal describes these working relationships and an attachment describes the collaboration between AVSC and JHPEIGO which was an issue raised by the Sector Council.

Ninety percent of project resources will be used for direct work in countries, 75 percent in countries designated as "priority" by R&D/POP and 15 percent in other A.I.D.-eligible, "non-priority" countries. (The "priority" country list is subject to review and revision to reflect Agency priorities.) Because AVSC is the leader in surgical contraception procedures, countries often turn to it for assistance. AVSC will respond to requests from non-priority countries to the extent that their involvement will help leverage other resources from the host country or other donors or for augmenting A.I.D. bilateral projects. Ten percent of the budget is dedicated to "Global Programs." This term is given to cross-cutting activities which are not attributable to specific countries. In addition, the proposal makes reference to countries which may at this moment be under the Brooke or Pressler Amendments. Obviously, no assistance will be provided to countries when they are subject to statutory prohibitions.

Field based. Most of the work to be done under this project will be based in the field, which is where the services must be provided and where new ideas for expanding and improving services originate and are tested. During this project, program management and management authority will be further decentralized so that the project can respond flexibly and rapidly to country needs and problems. Additional responsibility and authority will be delegated to field staff responsible for managing country programs; the network of field offices and country offices will be expanded to put qualified staff as close as possible to the programs they are supporting.

BUDGET: The budget for the first five years of this project is nearly double that of the previous project and will more than double during the second ten-year period given the rapidly increasing numbers of women and men requesting voluntary surgical contraception and other long-acting methods. AVSC's proposal calls for an expansion in both the kinds of services being provided and the magnitude of services. The number of

sterilization procedures conducted from a baseline of 556,600 to 1,165,000 in year five and 1,450,270 by year ten. Assuming 10 couple years of protection (CYPs) per procedure, this will lead to a total of 44 million CYPs by year five and a cumulative total of 114,126,547 by year ten. In addition, AVSC will insert over 73 thousand sets of NORPLANT^R and a yet to be determined number of IUDs and Depo Provera[®] injections. AVSC is also placing new emphasis on male involvement. This expansion and addition of services will require more personnel, more training, and other inputs. Demand from Missions for AVSC expertise is high with 29 Missions indicating intentions of providing funding in FY 93 and FY 94.

AVSC's proposed budget was recalculated using the new PC Budget program developed by R&D/PO. This resulted in a higher total (\$143 million vs. \$138 million) for the first five years because of the difference in the way that inflation was calculated. The higher budget is considered more realistic because of the very high inflation rates common to the developing countries.

Allocation. The basis for the allocation of the budget for specific country programs will be relative need as reflected in the "priority" country list developed by R&D/POP. However, in as much as mission program needs must be taken into account, adherence to the allocation between "priority" and "non-priority" countries will not be rigid, and as indicated earlier, the "priority" country list is also subject to review and revision.

SECTOR COUNCIL: The Population Sector Council has reviewed the proposal for this project and the project was endorsed on December 17, 1992. The following issues were raised and have been addressed in the proposal: (1) collaboration with JHPIEGO; (2) reduce the proposed funding level for the "global program" by five percent and add it to the "non-priority country" category; and (3) AVSC not to take the lead in clinical operations research as other CAS are active in this area. Collaboration with JHPIEGO received the most attention and has been addressed in the proposal and in the attached paper "Collaboration and Coordination between AVSC and JHPIEGO" prepared by AVSC. AVSC will conduct only very limited operations research related to service delivery and only in conjunction with other organizations. The amount of this research is not expected to exceed \$100,000.

R&D REVIEW COMMITTEE: The R&D Review Committee met on May 18, 1993. The primary issues were the R&D/POP priority country list and its significance to the allocation of funds and the need for an external evaluation at the end of the second year of the project to determine progress in expanding the program. These issues were resolved during the meeting and are addressed in this Action Memo.

9

EVALUATION: AVSC will evaluate its work at three levels. It will set critical success indicators at the organization-wide level for assessing its progress towards the goals in its strategic plan and the cooperative agreement. It will evaluate priority country programs on the basis of criteria established in each country workplan. It will evaluate projects (subagreements) on the basis of criteria established in the agreements themselves. In addition, AVSC will collaborate with the R&D/POP Evaluation of Family Planning Program Impact project (936-3060) in developing better means for measuring the impact of family planning programs. Working with the Demographic and Health Surveys project (936-3023), it will develop the capacity for projecting levels of service for contraceptive methods, and it will continue to monitor voluntary surgical contraception trends in the United States and internationally. The project will be externally evaluated at the end of the second year specifically to determine progress in expanding the program. Also, the Population Technical Assistance Project (936-3024) will be responsible for carrying out the mid-term evaluation in the fourth year of the project to determine whether the project's purpose is being met and whether there should be a follow on agreement with the grantee.

The final evaluation of the predecessor project was done in March 1992. All actionable recommendations have been implemented. The evaluation found that: "Quantitative outputs specified in the agreement have been achieved on or ahead of schedule, some exceeding expectations." Specific recommendations included in the evaluation incorporated in the proposal and in AVSC's FY 1993 workplan are: (1) strengthen evaluation activities; (2) analysis of cost effectiveness; (3) decentralized monitoring to help programs institutionalize quality assurance; (4) increase the provision of medical and technical assistance in the field; and (5) shift from a project to a country focus. For example, in Nigeria, the Mission has asked that the AVSC country representative assist in the planning of the new bilateral project and serve as Director for Service Delivery in the project. Evaluations are now included in the annual workplan with quantifiable objectives for each country plan.

SPECIAL INTEREST IN THE PROJECT: Gender Considerations: The project helps women to control their fertility and to meet associated health needs. There are few factors that more directly affect the ability of women to participate in economic and social activities than the ability to control their fertility. Women who are beneficiaries of the services supported by the project will have more time and strength for education, direct economic activity and the nurturing of their families. Their children benefit through improved nourishment and increased educational opportunities. These impacts multiply economically and socially throughout the society. AVSC has recently added an expert in "male motivation". This expert will work to increase

the active participation of males in family planning.

PROCUREMENT PLAN: In accordance with A.I.D.'s Buy America Initiative, source and origin of goods and nationality of suppliers of goods and services under the project will be from the United States, except for NORPLANT^R which will be procured from Sweden through the central procurement contract with the appropriate waiver. Depo Provera[®] will also be procured through the central procurement contract with the appropriate sole-source waiver. Local source procurement will be authorized to the extent permitted in A.I.D. Handbook 1, Supplement B, Chapter 18. The project will be implemented, subject to the concurrence of the Office of Procurement, through a non-competitive cooperative agreement. Full consideration will be given to Gray Amendment organizations for subgrants. Implementation is planned to begin in FY 1993 and the FY 1993 OYB has been set at \$8 million to initiate the project.

WAIVER FOR NON-COMPETITIVE PROCUREMENT: The Office of Population proposes that AVSC's proposal be accepted as a non-competitive cooperative agreement as a follow-on to the existing cooperative agreement under the Program for Voluntary Surgical Contraception Project (936-3049). Pursuant to HB 13, Chapter 2B.3 d, competition is not required because this new cooperative agreement is a follow-on assistance award intended to continue or further develop an existing assistance relationship.

JUSTIFICATION TO CONGRESS: An Advice of Program Change has been drafted and will be sent to Congress as soon as the project is authorized.

ENVIRONMENTAL DETERMINATION: This project complies with A.I.D.'s environmental regulation, found at 22 CFR Part 216. A justification for the conclusion that the project warrants a categorical exclusion from the normal IEE requirement is included as part of the package.

RECOMMENDATION: That you sign the attached Authorization for the Program for Voluntary Surgical Contraception Project (936-3068.)

Attachments:

1. Authorization
2. Project Data Face Sheet
3. Proposal from AVSC
4. Table 1, Estimated Total Financial Inputs
5. Logframe
6. Environmental Determination
7. Correspondence supporting the AVSC program.
8. Evaluation Summary

Clearances:

R&D/POP/FPSD: Jsewell (draft)	Date	4/19/93
R&D/POP/OCS: KKosar (draft)	Date	4/19/93
R&D/POP: JShelton (draft)	Date	4/19/93
R&D/PO: JBierke <i>SS/oa</i>	Date	6/1/93
GC/R&D: GWinter (draft)	Date	5/27/93
FA/OP/C: TBordone (draft)	Date	5/27/93
A/DAA/R&D: DGillespie <i>A</i>	Date	6/2/93

R&D/POP/FPSD:JRose:5/24/93/rev: 875-4533

12