



U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

PD-ABL-509

AUG 27 1993

Mr. Hugo Hoogenboom  
President  
Association for Voluntary Surgical  
Contraception (AVSC)  
79 Madison Avenue  
New York, New York 10016

Subject: Cooperative Agreement No. CCP-3068-A-00-3017-00

Dear Mr. Hoogenboom:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, and the Federal Grant and Cooperative Agreement Act of 1977, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby grants to the Association for Voluntary Surgical Contraception (hereinafter referred to as "AVSC" or the "Recipient"), the sum of \$18,014,000 to provide support for a program in Voluntary Surgical Contraception, as more fully described in Attachment 2 entitled "Program Description" and in your proposal entitled "Proposal for a Follow-on Cooperative Agreement Between the Agency for International Agreement and the Association for Voluntary Surgical Contraception 1993-1998."

This Cooperative Agreement is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of program objectives during the period beginning August 24, 1993, and ending August 23, 1998. Funds disbursed by A.I.D. but uncommitted by the Recipient at the expiration of this period shall be refunded to A.I.D.

The total estimated amount of the program is \$118,000,000 of which \$18,014,000 is hereby obligated. Additional funds maybe added by regional bureaus and USAID Missions but will be considered as separate actions as they are requested. A.I.D. shall not be liable for reimbursing the Recipient of any costs in excess of the obligated amount.

This Cooperative Agreement is made to AVSC on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment 1, the Schedule, Attachment 2, the Program Description, and Attachment 3, the Standard Provisions, all of which have been agreed to by your organization.

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AVBC

Please sign all copies of this letter to acknowledge your receipt and acceptance of the terms and conditions under which these funds are granted. Retain one copy for your files and return the original and all remaining copies.

Sincerely,

  
Thomas S. Bordone  
Grant Officer  
Chief, Procurement Branch  
Contracts/Commodities Division  
Office of Procurement

Attachments:

1. Schedule
2. Program Description
3. ~~Standard Provisions~~

ACKNOWLEDGED:

ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION

BY: Hugo Hoogenboom

TYPED NAME: Hugo Hoogenboom

TITLE: President

DATE: September 2, 1993

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FISCAL DATA

PIO/T No. : 936-3068-3692629 & amend. 1 & 2  
 Appropriation No. : 72-1131021.4  
 Budget Plan Code : DDPA-93-16969-IG-11  
 Allotment No. : 344-36-099-01-81-31  
 Project No. : 936-3068  
 Amount : \$11,800,000  
 Funding Source : R&D/POP

PIO/T No. : 936-3068-3692834  
 Appropriation No. : 72-113/41041  
 Budget Plan Code : DSS3-93-16900-KG11  
 Allotment No. : 381-36-099-00-20-31  
 Project No. : 936-3068  
 Amount : \$550,000  
 Funding Source : Ghana

PIO/T No. : 936-3068-3692835  
 Appropriation No. : 72-1131021.4  
 Budget Plan Code : DDPA-93-16900-KG11  
 Allotment No. : 344-36-099-00-81-31  
 Project No. : 936-3068  
 Amount : \$1,710,000  
 Funding Source : R&D/POP

PIO/T No. : 532-0163-3-30050  
 Appropriation No. : 72-1131021  
 Budget Plan Code : LDPA-93-25532-KG13  
 Allotment No. :  
 Project No. : 936-3068  
 Amount : \$200,000  
 Funding Source : Jamaica

PIO/T No. : 615-0232-3-20149  
 Appropriation No. : 72-112/31014, 72-113/41014  
 Budget Plan Code : GSS2-92-21615-KG13, (\$623,066)  
 GSS3-93-21615-KG13 (\$376,934)

Allotment No. :  
 Project No. : 936-3068  
 Amount : \$1,000,000  
 Funding Source : Kenya

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PIO/T No.	:	613-0230-3-20098
Appropriation No.	:	72-112/31014
Budget Plan Code	:	GSS2-92-21613-KG13
Allotment No.	:	
Project No.	:	936-3068
Amount	:	\$64,000
Funding Source	:	Zimbabwe
PIO/T No.	:	110-0004-3-366-2704
Appropriation No.	:	72-11X1093
Budget Plan Code	:	WNIX-93-36110-KG-12
Allotment No.	:	393-68-110-00-69-31
Project No.	:	936-3068
Amount	:	\$950,000
Funding Source	:	NIS Regional
PIO/T No.	:	492-0396-3-30043
Appropriation No.	:	72-1131021
Budget Plan Code	:	HDPA-93-27492-KG13
Allotment No.	:	
Project No.	:	936-3068
Amount	:	\$1,000,000
Funding Source	:	Philippines
PIO/T No.	:	520-0357-3-20110 (Amend 1,2)
Appropriation No.	:	72-112/31021
Budget Plan Code	:	LDP2-92-25520-KG13
Allotment No.	:	
Project No.	:	936-3068
Amount	:	\$245,260
Funding Source	:	Guatemala
PIO/T No.	:	520-0357-3-30042 (Amend 1)
Appropriation No.	:	72-1131021
Budget Plan Code	:	LDVA-93-25520-CG13
Allotment No.	:	
Project No.	:	936-3068
Amount	:	\$244,740
Funding Source	:	Guatemala
PIO/T No.	:	688-0248-3-10181 & (Amend 1)
Appropriation No.	:	72-111/21014
Budget Plan Code	:	GSS1-91-21688-KG13
Allotment No.	:	
Project No.	:	936-3068
Amount	:	\$150,000
Funding Source	:	Mali

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PIO/T No. : 688-0248-3-10145 amend 1\*  
Appropriation No. : 72-111/21014  
Budget Plan Code : GSS1-91-21688-KG13  
Allotment No. :  
Project No. : 936-3068  
Amount : \$100,000  
Funding Source : Mali

\*The original PIO/T provided \$70,000 which were obligated to the previous Cooperative Agreement, DPE-3049-A-00-8041-00. This amendment provides funds to continue the activities begun under the previous cooperative agreement.

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ATTACHMENT I

SCHEDULE

ARTICLE I - PURPOSE AND PROGRAM DESCRIPTION

A. Purpose

The purpose of this Cooperative Agreement is to provide support for Voluntary Surgical Contraception and other long-term methods, as more specifically described in Attachment 2, the Program Description.

B. Program Description

The program description is detailed under Attachment 2.

ARTICLE II - PERIOD OF AGREEMENT, FUNDS OBLIGATED, PAYMENT AND ESTIMATED COST

A. Period of Agreement

1. The effective date of this Agreement is August 24, 1993 and the estimated expiration date is August 23, 1998.
2. Funds obligated hereunder are available for program expenditures for the estimated period August 24, 1993 to May 31, 1994.
3. During the course of each operational year, AVSC will enter into subagreements in support of the program objectives. The Recipient will ensure that no costs are committed after the Agreement expiration date of August 23, 1998. In that regard, during the final year of the project, any funds not subobligated by the estimated expiration date of August 23, 1998, will be deobligated unless provision has been made for an extension of this Agreement. Expenditures of funds subobligated for subagreements, small grants, and contracts may be made through February 23, 2000.

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**B. Amount of Agreement and Payment**

1. The total estimated amount of this Agreement for the period shown in A.1. above is \$118,000,000.
2. A.I.D. hereby obligates the amount of \$18,014,000 for program expenditures during the period set forth in A.2. above.
3. Payment shall be made to the Recipient in accordance with procedures set forth in Attachment 3 Standard Provision entitled "Payment - Letter of Credit".
4. Additional funds up to the total amount of the Agreement shown in B.1 above may be obligated by A.I.D. subject to the availability of funds, program priorities at the time, satisfactory progress, and requirements of the Standard Provision of the Agreement, entitled "Revision of Grant Budget".

**ARTICLE III - AGREEMENT BUDGET**

The budget for this agreement is to be negotiated. In order to establish a definitive budget for this agreement, the Recipient agrees to enter negotiations with the Grant Officer to establish a definitive budget in accordance with the following schedule:

Submission of Supplements to Proposed Budget	NLT September 15, 1993
Commencement of Negotiations	NLT October 15, 1993
Conclusion of Negotiations	NLT November 15, 1993
Amendment of Agreement	NLT December 1, 1993

In no event shall the total estimated amount for this agreement exceed \$118,000,000. The Recipient agrees to submit all data reasonably necessary to support the proposed budget as requested by the Grant Officer in sufficient time to accomplish the above noted schedule.

Negotiation of the budget is a material condition of this agreement. Therefore, failure to reach agreement by the date set forth above for the conclusion of negotiations, or any extension thereto as may be established by the Grant Officer, may constitute grounds for the termination of this agreement for

cause, in accordance with Standard Provision 5, Termination and Suspension (August 1992). In the event that this agreement is terminated prior to the definitization of the budget, the maximum liability of the Government to the Recipient is \$18,014,000.

#### ARTICLE IV - SUBSTANTIAL INVOLVEMENT UNDERSTANDINGS

It is anticipated that performance of the program description requires substantial involvement by A.I.D. Specific areas of involvement include, but are not limited to, the following:

- A. Collaborative involvement in the development of programmatic strategies and an annual workplan which describes the specific activities to be carried out under the project;
- B. Approval of certain activities carried out under the project, including country workplans, subordinate AVSC agreements for countries where there are no approved country workplans, and international travel. The CTO will obtain appropriate clearances when necessary (including USAID Mission and/or U.S. Embassy concurrence) for proposed activities and travel; and
- C. Participating in site visits, management reviews and evaluations to review progress and future strategy.

Additional details on A.I.D.'s involvement are contained in Attachment 2, Program Description, Section C, Program Management.

#### ARTICLE V - REPORTS AND EVALUATION

##### A. Financial Reporting

1. Financial reporting requirements shall be in accordance with the Standard Provision of this Agreement entitled "Payment - Letter of Credit".
2. The original and two copies of all financial reports shall be submitted to A.I.D., Office of Financial Management, Cash Management and Payment Division (FA/FM/CMP), Washington, D.C. 20523. In addition, three copies of all financial reports shall be submitted to the Family Planning Services Division, Office of Population, Bureau for Research and Development (R&D/POP/FPSD), with one copy to the Grant Officer.

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**B. Program Management Reporting**

1. **Annual Reports:** The Recipient will present a detailed annual work plan for each of its complete fiscal years under this Agreement. (Work under fiscal year 1993 was begun under Cooperative Agreement No. DPE-3049-A-00-8041-00.) The annual workplan will detail the Recipient's proposed activities, allocations of financial resources, and overall strategy for the fiscal year beginning April 1. Annual workplans shall be submitted to the CTO and may be fully discussed when annual meetings are organized by the CTO in January to March of each year during project years two through five. In the event of any inconsistency between the terms of this Agreement and the Recipient's work plan, the terms of this Agreement shall control.
2. **Quarterly Reports:** AVSC will prepare quarterly reports listing the status of all subagreements, small grants obligated, and all of their amendments, (i.e. budget amendments, no-cost extensions, and funded extensions of subagreements). The quarterly reports will include updates to the overall the annual workplan budget.
3. **Trip Reports:** A report for all A.I.D.-funded international travel by New York-based staff will be prepared and one copy will be submitted to the A.I.D. CTO within 30 days after completion of the trip.  
  
Reports by field staff are to be submitted within 60 days of completion of travel. The report shall state the objective(s) of the trip, locations visited, persons contacted, and work performed.
4. **Subproject Reports:** Information on all subprojects will be submitted to the Population Projects Database (PPD) in accordance with the guidance for the database.
5. **Other Activity Reports:** AVSC will issue reports of evaluations, special studies, assessments, surveys,

reviews, and other activities that have been carried out under the program.

The Recipient will be responsible for the distribution of one copy of each report listed in numbers 3 and 5 above to the relevant A.I.D. Mission in the country where the activity was conducted, and, if the activity was conducted in Africa, to the appropriate REDSO (Regional Economic Development Services Office).

6. A draft final report shall be submitted one month prior to the Agreement's expiration for discussion with the A.I.D. CTO and revision, if needed. This report will concisely summarize all project activities and assess the progress made toward achievement of the project goals. It shall synthesize what has been learned from the project and suggest opportunities for future programs. The precise form of this report shall be jointly determined by the CTO and the Recipient at the beginning of Year 5.
7. The Recipient shall maintain property inventory schedules for all Government property purchased and to be utilized for programs under this Agreement in accordance with OMB Circular A-110 until the property has been appropriately transferred to a subrecipient. One copy of the inventory schedule shall be sent to the Grant Officer annually.

C. Evaluation

1. A.I.D. Evaluation

Overall project evaluations will be conducted by A.I.D./W (R&D/POP/FPSD) and external evaluation teams. There will be three types of overall evaluations in this project:

a. Continuous monitoring and assessment by R&D/POP/FPSD. The cognizant technical officer (CTO) will closely monitor and evaluate the project on a continuing basis. Annual internal management reviews will also be held during the last quarter of each fiscal year to consider project progress, issues and needed adjustment or modifications.

b. Mid-term project evaluations: These evaluations, scheduled to take place at the end of the second and fourth years, will be conducted by an external

evaluation team. They will focus on the overall management of AVSC's international programs, on the selection, design, implementation, and evaluation of subgrant; on the administrative structure by which grants are developed, approved and monitored; and on the efficiency, effectiveness, and outcomes of program activities.

c. Final project evaluation. This evaluation will be scheduled in a timely way to allow findings and recommendations on changes in content, scope, or focus to be incorporated into a follow-on project. It will also be conducted by an external evaluation team, with possible participation by A.I.D. staff. To the degree determined necessary by A.I.D. staff, it will examine the same questions as the mid-term evaluations, but will concentrate on examining indicators that the project has achieved its purpose.

These evaluations will be funded separately from this Agreement.

## 2. AVSC Internal Evaluations

AVSC will also intensify its own evaluation efforts focusing on assessing the ongoing performance of its grantees as well as conducting special studies to examine issues of broad programmatic significance.

## ARTICLE VI - KEY PERSONNEL

- A. In the performance of this Agreement, the personnel occupying the following positions to be furnished by the Recipient are considered to be Key Personnel:

President  
Director of Field Operations  
Director of Medical Division

- B. The positions specified above are considered to be essential to the work being performed hereunder. The Recipient shall notify the Grant Officer and the CTO sufficiently in advance of anticipated changes in key personnel.

- C. Full-time support staff

Full-time support staff will include secretarial/clerical staff, and administrative and financial staff, as required.

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**D. Consultants**

AVSC will be authorized to use professionals not assigned to its staff to provide consultant services to AVSC and its cooperating organizations. Consultants will be reimbursed in accordance with A.I.D. guidelines on compensation.

**ARTICLE VII - SPECIAL PROVISIONS****A. International Travel**

All international travel supported under this project must be cleared in advance by the A.I.D. CTO as prescribed in the Standard Provision entitled "Air Travel and Transportation".

**B. Subordinate Agreements**

1. Subordinate agreements with overseas organizations in which the funding totals more than \$24,999 but less than \$800,000 will require written approval of the CTO prior to their award by the Recipient. Small grants, however, with a maximum cost of \$24,999 each, may be awarded without prior A.I.D. approval for short-term specialized training or for participation of developing country institutions and agencies; small seminars and workshops; local procurement of technical or educational materials; local programmatic research activities; and other activities consistent with project objectives. Small grants are discrete, one-time awards. They shall not be awarded in lieu of on-going, recurrent support for a sub-recipient's program. Fully executed copies will be provided to the Grant Officer and CTO.
2. Subordinate agreements with overseas organizations in which the funding totals \$800,000 or more will require written approval of the Grant Officer and CTO prior to their award by the Recipient. Fully executed copies will be provided to the Grant Officer and CTO.
3. Without prior A.I.D. approval, the Recipient may adjust the cost of subordinate agreements that have been approved by A.I.D. or did not

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require approval by A.I.D., provided the cumulative adjusted amount does not exceed the greater of \$10,000 or 15% of the original subordinate agreement.

4. Subordinate agreements with cooperating organizations may be awarded initially for up to a two year period and funded prospectively thereafter for up to two year periods.
5. The Recipient will consult with the A.I.D. Mission concerned and the CTO when developing country workplans or subordinate agreement proposals. Country workplans will be developed for selected countries and, in general, will present the Recipient's proposed country strategy and details relating to the cumulative funding level and types of funding actions and technical assistance activities contemplated for a specific period up to two years. CTO and A.I.D. Mission approval of the country workplan authorizes the Recipient to proceed to develop and subobligate subordinate agreements that are consistent with the country strategy without further approval from A.I.D. A copy of such country workplans shall be provided to the CTO and the A.I.D. Mission concerned for review and approval.

The Recipient will telex or fax the A.I.D. Mission concerned 30 days prior to the obligation of subordinate agreements previously approved in country workplans to assure that unforeseen circumstances have not arisen since the date of Mission approval of the country workplan. The Recipient is authorized to proceed with the obligation of subordinate agreements if the Mission does not raise concerns.

For countries where there are no approved country workplan, the Recipient will submit subordinate agreements with overseas institutions for CTO and USAID Mission review and approval.

6. Subordinate agreements with U.S. organizations will be made in accordance with the Standard Provisions of this Agreement.

7. For all subrecipient organizations using A.I.D. funds to provide voluntary sterilization services, AVSC shall require that the institution maintain patient records for three years and make them available, as necessary, for inspection and verification by AVSC and A.I.D. These records should include the following data:

- a. Name of patient
- b. Address
- c. Age and sex
- d. Number of pregnancies and number of living children
- e. Date and location of procedure
- f. Notes on physical findings
- g. Documented evidence of informed consent

C. Subcontracts

The use of subcontracts is authorized under their Agreement when specialized services in support of project activities are required, but are not available within the Recipient organization.

D. Local Cost Financing With U.S. Dollars

Each country where services, 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.

E. Consultants

The use of consultants is authorized under this Agreement in accordance with AVSC's personnel policy previously approved by A.I.D. Fees paid to consultants and reimbursed hereunder shall be reasonable in accordance with the paragraph of the applicable cost principles entitled, "Professional Services Costs". Consultants must be U.S. citizens or non-U.S. citizens of A.I.D. geographic code 935.

Note: The daily rate is computed by dividing the annual salary by 260.

F. Management of On-Going Activities

Under this Agreement, the Recipient shall continue to monitor, provide technical assistance to and evaluate

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on-going activities which were approved and funded under Cooperative Agreement No. DPE-0968-A-00-2001-00, and DPE-3049-A-00-8041-00.

**G. Staffing**

To carry out the objectives of this Cooperative Agreement, the Recipient will recruit or otherwise provide a staff which is highly qualified in the various aspects of voluntary surgical contraception and other long-term methods, such as counseling, training, clinical skills, program management, etc., as needed.

The recruitment and selection of staff to be employed during the period of this Agreement will be the Recipient's responsibility and will be conducted in accordance with the Recipient's regular personnel policies.

**H. Equipment**

**1. Title to Nonexpendable Equipment**

Nonexpendable equipment is defined as having a unit cost of more than \$500 and an expected service life of two years or more. For the purposes of this Cooperative Agreement, such nonexpendable equipment shall include, but not be limited to, laproscators, laparoscopes, anesthesia machines, resuscitation equipment, autoclaves, sterilizers, etc. It is understood that title to all nonexpendable equipment shall vest in the Recipient until such time as the Recipient deems transfer of title to a subrecipient organization appropriate. This transfer shall occur only after the subrecipient has developed a proven capability to operate and care properly for the equipment within the standards set forth in Handbook 13, Chapter 1T, entitled "Property Management Standards". AVSC shall document such capability through a Determination of Subrecipient Responsibility to be maintained on file for audit.

2. Equipment Purchased Under Grant No.  
A.I.D./pha-G-1128, Cooperative Agreement Nos.  
DPE-0968-A-00-2001-00 and DPE-3049-A-00-8041-  
00

All nonexpendable items of equipment acquired under these prior instruments may be utilized in the performance of this Agreement.

I. A.I.D. Management

A.I.D. management responsibilities for this project are in accordance with A.I.D. Handbook 13, "Grants".

Primary technical and administrative responsibility will rest with the Family Planning Services Division, Office of Population (R&D/POP/FPSD). The Cognizant Technical Officer (CTO) will provide the Recipient with overall technical guidance and ensure that project implementation is consistent with project objectives. In so doing, the CTO will exercise a variety of functions including:

1. Participation in defining country and program priorities, in close consultation and cooperation with the Recipient, A.I.D. Regional Bureau staff, and A.I.D. Missions.
2. Collaborative involvement in the development of an annual workplan describing the specific activities to be carried out under the project.
3. Approval of all activities carried out under the project including strategies, subcontracts/subgrants, and international travel.
4. Approvals of subgrant agreements per Article VII B.
5. Undertaking appropriate coordination with other R&D/POP Divisions, other Bureaus and Offices in the Agency, and other donors.
6. Organizing and participating in site visits, management reviews and evaluations to review progress and future strategy.

**J. Recipient Responsibilities**

AVSC will follow the work plans approved by A.I.D. in implementing this Cooperative Agreement. AVSC will have the following responsibilities:

1. Recruiting and organizing qualified professional and support staff and consultants for the central, regional, and country offices at levels adequate to carry out the program.
2. Planning and implementing activities which directly or indirectly support and promote high-quality VSC service delivery, in compliance with A.I.D. policies and guidelines, particularly PD-3, A.I.D.'s Policy Guidelines on Voluntary Sterilization.
3. Identifying institutions for project assistance, obtaining CTO approval for subprojects, and initiating contacts with host country institutions.
4. Providing adequate facilities, policies and systems for managing and supporting all Cooperative Agreement activities, including travel and communications with A.I.D. Missions and host country institutions.
5. Negotiating subcontracts/subagreements with host country institutions as necessary.
6. Developing program guidelines and procedures for management, financing, administration, and monitoring of subagreements.
7. Providing technical assistance to host country institutions in implementing and monitoring project activities.
8. Documenting and assessing the process and outcomes of project activities.
9. Submitting program and financial reports to A.I.D.
10. Obtaining input and required approvals from A.I.D. in planning and conducting activities.

11. Coordinating assistance with that being provided by other A.I.D. contractors/grantees and by other donors.
12. Translating and printing forms and documents into foreign languages when appropriate.
13. Ensuring that after the completion of each qualifying subagreement greater than \$35,000 and audit is conducted on the subrecipient's records by an independent public accountant with national certification similar or equivalent to a certified public accountant.

K. Development, Management, and Evaluation of and Technical Assistance to Voluntary Surgical Contraception Projects

Recipient's staff funded under this Agreement will develop, monitor, evaluate, and provide technical assistance to projects related to making voluntary surgical contraception services and other long-term methods available in the developing world, and to assuring the safety of these services, and to ensuring free and informed choice in the delivery of these services. While most of these projects will be funded under this Cooperative Agreement, some may be funded under separate Cooperative Agreements with A.I.D. country Missions. In addition, consistent with the overall objectives of achieving maximum leverage and of involving other organizations in the delivery of voluntary surgical contraception services, some of those projects may be funded by other national, multilateral, or private donors.

Attachment II

PROGRAM DESCRIPTION

A. PURPOSE: The purpose of this cooperative agreement is to provide support for the recipient's program to introduce, expand and improve voluntary surgical contraception services and other long-term contraceptive methods.

B. PROGRAM DESCRIPTION:

1. Background

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 for AVSC 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.

The rationale for continuing support for AVSC's program is demand. 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<sup>®</sup>, 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 Surveys organizations show that 20 percent of women in developing countries want to avoid pregnancy but are not using contraception. AVSC has submitted a proposal which calls for doubling their efforts in the first five years to include all long-term contraceptive methods including sterilization, IUDs, NORPLANT<sup>®</sup>, and injectables such as Depo Provera. By doubling the size of the program, AVSC expects to more than double the number of sterilizations 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.

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## **2. Program Activities**

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

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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.

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• **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 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. Tables describing the strategies and relative levels of effort by country are found on pages 24 and 25 and pages 29-31 of the AVSC 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 to the proposal describes the collaboration between AVSC and JHPEIGO.

Under this cooperative agreement AVSC will be the lead cooperating agency for determining specifications and composition of medical kits for A.I.D. population programs. This includes technical evaluations, field surveys, workshops and meetings with other cooperating agencies as may be required.

Of the program resources that are estimated to be made available directly under this agreement and that are estimated to be added to this agreement through separate actions by regional bureaus and USAID missions, 90 percent 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" designation is subject to revision by A.I.D. 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 these program resources 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.

Ongoing Activities. The Grantee will use funding provided under this cooperative agreement to monitor, evaluate and report on residual subagreement activities funded under the previous cooperative agreement.

### C. Program Management

A.I.D. Involvement. Primary technical and administrative responsibility will rest with the Family Planning Services Division, Office of Population R&D/POP/FPSD. The A.I.D. Cognizant Technical Officer (CTO) will provide AVSC with overall technical guidance and ensure that project implementation is consistent with the proposal and the strategy of the Office of Population. The CTO will undertake appropriate coordination with other Agency offices and overseas Missions as appropriate.

R&D/POP will participate with AVSC along with USAID Mission and the appropriate A.I.D. Regional Bureaus in the selection of countries and institutions for the implementation of the program and the relative level of effort and strategy to be used in accomplishing program objectives. AVSC will prepare an annual workplan which will present a description of the activities, proposed level of assistance and expected outputs for each country. This workplan will be presented during the second quarter of each fiscal year (January - March).

FIVE YEAR BUDGET

PROJECT: 936-3068

ACRONYM: VSC

PROJECT NAME: VOLUNTARY SURGICAL CONTRACEPTION

INPUT SUMMARY BUDGET / ALL COMPONENTS

PAGE 1 OF 1

ELEMENT TYPE	TOTAL			YEAR 1 1993			YEAR 2 1994			YEAR 3 1995		
	CORE	OYB	BUYIN	CORE	OYB	BUYIN	CORE	OYB	BUYIN	CORE	OYB	BUYIN
PERSONNEL - DOMESTIC	32933	72	295	5200	0	0	5186	12	50	6233	16	65
PERSONNEL - OVERSEAS	11949	326	1563	2360	0	0	1143	70	340	2411	76	348
CONSULTANTS	5738	101	442	810	0	0	1038	18	80	1117	25	106
TRAVEL/PER DIEM	5946	58	253	720	0	0	1182	8	35	1162	13	53
PER-DIEM	0	0	0	0	0	0	0	0	0	0	0	0
EQUIPMENT & COMMOD	2040	0	0	170	0	0	491	0	0	408	0	0
SUBAGREEMENTS	28940	4300	20325	4542	0	0	5092	800	4000	5393	1000	4490
SUBCONTRACT/SUBGRANT	0	0	0	0	0	0	0	0	0	0	0	0
TRAINING COSTS	727	0	0	58	0	0	133	0	0	132	0	0
OTHER DIRECT COSTS	9753	92	408	1750	0	0	1818	18	80	1797	21	88
INDIRECT COSTS	0	0	0	0	0	0	0	0	0	0	0	0
CONTINGENCY	2941	148	699	390	0	0	482	28	138	590	35	155
INFLATION	9849	557	2609	0	0	0	612	37	183	1604	94	420
<b>TOTAL</b>	<b>110816</b>	<b>5654</b>	<b>26594</b>	<b>16000</b>	<b>0</b>	<b>0</b>	<b>17177</b>	<b>991</b>	<b>4906</b>	<b>20846</b>	<b>1279</b>	<b>5725</b>

ELEMENT TYPE	YEAR 4 1996			YEAR 5 1997		
	CORE	OYB	BUYIN	CORE	OYB	BUYIN
PERSONNEL - DOMESTIC	7620	20	80	8694	24	100
PERSONNEL - OVERSEAS	2857	88	441	3178	92	434
CONSULTANTS	1279	28	126	1494	30	130
TRAVEL/PER DIEM	1388	16	70	1494	21	95
PER-DIEM	0	0	0	0	0	0
EQUIPMENT & COMMOD	463	0	0	508	0	0
SUBAGREEMENTS	6613	1200	5755	7500	1300	6080
SUBCONTRACT/SUBGRANT	0	0	0	0	0	0
TRAINING COSTS	182	0	0	222	0	0
OTHER DIRECT COSTS	2068	23	110	2320	30	130
INDIRECT COSTS	0	0	0	0	0	0
CONTINGENCY	704	41	197	792	45	209
INFLATION	2931	172	822	4486	254	1184
<b>TOTAL</b>	<b>26105</b>	<b>1588</b>	<b>7601</b>	<b>30688</b>	<b>1796</b>	<b>8362</b>

04/27/93 VALUES ARE IN ROUNDED THOUSANDS  
16:32:27

CORE ROUNDED: 110,816  
OYB ROUNDED: 5,654  
BUYIN ROUNDED: 26,594  
TOTAL ROUNDED: 143,064

ACTUAL: 110,816,027.45  
ACTUAL: 5,654,397.86  
ACTUAL: 26,593,819.15  
ACTUAL: 143,064,244.46

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24

FIVE YEAR BUDGET

PROJECT: 936-3068

ACRONYM: VSC

PROJECT NAME: VOLUNTARY SURGICAL CONTRACEPTION

INPUT SUMMARY BUDGET / ALL COMPONENTS

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## PROGRAM DESCRIPTION

A. **PURPOSE:** The purpose of this cooperative agreement is to provide support for the recipient's program to introduce, expand and improve voluntary surgical contraception services and other long-term contraceptive methods.

### B. PROGRAM DESCRIPTION:

#### 1. Background

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 for AVSC 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.

The rationale for continuing support for AVSC's program is demand. 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<sup>®</sup>, 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 Surveys organizations show that 20 percent of women in developing countries want to avoid pregnancy but are not using contraception. AVSC has submitted a proposal which calls for doubling their efforts in the first five years to include all long-term contraceptive methods including sterilization, IUDs, NORPLANT<sup>®</sup>, and injectables such as Depo Provera. By doubling the size of the program, AVSC expects to more than double the number of sterilizations 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.

#### 2. Program Activities

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

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- **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 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 to the proposal describes the collaboration between AVSC and JHPEIGO which was an issue raised by the Sector Council.

Another important area of coordination which is not specified in detail in the proposal is AVSC's lead role in determining the composition and technical specifications for the equipment used for surgical contraception procedures. Under this cooperative agreement it is requested that AVSC also be given authority to purchase these kits on behalf of other A.I.D.-funded cooperating agencies on a reimbursable basis as AVSC and other agencies may agree.

Ninety percent of project resources will be used for direct work in countries, 75 percent in A.I.D.'s priority countries and 15 percent in other A.I.D.-eligible, non-priority countries. 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.

Ongoing Activities. The Grantee will use funding provided under this cooperative agreement to monitor, evaluate and report on residual subagreement activities funded under the previous cooperative agreement.

### C. Program Management

1. A.I.D. Involvement. Primary technical and administrative responsibility will rest with the Family Planning Services Division, Office of Population R&D/POP/FPSD. The A.I.D. Cognizant Technical Officer (CTO) will provide AVSC with overall technical guidance and ensure that project implementation is consistent with the proposal and the strategy of the Office of Population. The CTO will undertake appropriate coordination with other Agency offices and overseas Missions as appropriate.

R&D/POP will participate with AVSC along with USAID Mission and the appropriate A.I.D Regional Bureaus in the selection of countries and institutions for the implementation of the program and the relative level of effort and strategy to be used in accomplishing program objectives. AVSC will prepare an annual workplan which will present a description of the activities, proposed level of assistance and expected outputs for each country. This workplan will be presented during the second quarter of each fiscal year (January - March).

The CTO will review the scopes of work and qualifications of proposed consultants. The CTO will review and approve all international travel.

#### 2. Subordinate Agreement Approval Process

##### A. Subagreements/subcontracts with U.S. organizations

1. For upto \$25,000 - no approval.
2. For amounts over \$25,000 but less than \$100,000 - CTO approval.
3. Over \$100,000 CTO and A.I.D. Procurement Office

##### B. Subagreements with overseas organizations

1. For all subproject agreements approved as part of the annual workplan only USAID Mission concurrence will be required unless such approval has been obtained during the development of the individual country workplan. AVSC will notify the USAID Mission 30 days before executing subagreements included in the workplan to ensure that unforeseen circumstances have not arisen since the workplan was approved.

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2. For all subprojects not submitted as part of the annual workplan - CTO and Mission concurrence.

- C. Key Personnel  
 Executive Director  
 Director of International Programs  
 Director of the Medical Division

Changes to the above staff will require the written approval of A.I.D.

D. Evaluation and Reporting

1. Evaluation

All R&D projects are monitored and reviewed annually through the workplan presentations. The program will be evaluated at the end of the second and fourth years by the R&D/POP project.

2. Reporting

a. Annual reports. Detailed annual workplan to be submitted to the CTO during the second quarter of the fiscal year.

b. Quarterly reports.

(1) AVSC will provide quarterly reports listing all subagreements obligated and all amendments.

(2) AVSC will provide a quarterly update showing the financial allocation for each country in the same format as provided in the annual workplan. The allocation will include expected and known add-ons and OYB transfers.

c. Trip reports. Trip reports are required for all international travel with one copy being sent to the CTO within 15 working days of completion on travel.

Budget Note: The attached budget is higher than AVSC's proposed budget primarily because of the way inflation was calculated. (\$143 million vs. \$138 million) It does not appear that AVSC compounded inflation. The higher budget is considered more realistic because of the very high inflation rates common to the developing countries.

**BEST AVAILABLE DOCUMENT**

FIVE YEAR BUDGET

PROJECT: 936-3068

ACRONYM: VSC

PROJECT NAME: VOLUNTARY SURGICAL CONTRACEPTION

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4/27/93 VALUES ARE IN ROUNDED THOUSANDS  
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CORE ROUNDED: 110,816      ACTUAL: 110,816,027.45  
 OYB ROUNDED: 5,654      ACTUAL: 5,654,397.86  
 BUYIN ROUNDED: 26,594      ACTUAL: 26,593,819.15  
 TOTAL ROUNDED: 143,064      ACTUAL: 143,064,244.46

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FILE

U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

September 29, 1992

MEMORANDUM

TO: FA/OP/CC/P, Tom Bordone

FROM: R&D/POP/FPSD, Leslie Curtin *LR*

SUBJECT: Request for Non-Competitive Procurement of the  
Association for Voluntary Surgical Contraception  
(AVSC) Program, Project Number 936-3049

The Purpose of this memorandum is to justify and request non-competitive procurement for a new follow-on cooperative agreement between the Family Planning Services Division, Office of Population, and the Association for Voluntary Surgical Contraception (AVSC).

AVSC represents an important resource for A.I.D. in helping to expand access to and improve the quality of clinical and voluntary surgical contraception worldwide. Non-competitive procurement is justified for AVSC based on their status as a registered U.S. PVO, their twenty-year relationship with host country institutions and A.I.D., and their predominant capability and unique comparative advantage to help the Agency achieve its long-term objectives. This justification is consistent with A.I.D. Handbook 13, Chapter 2B3, d.

Clearances: R&D/POP/OCS:KKosar *KKom* date 10-13-92

Draft: R&D/POP/FPSD:LCurtin:9/29/92:U\SERVICES\DOCS\MEMO.CON

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FIVE YEAR BUDGET

PROJECT: 936-3068

ACRONYM: VSC

PROJECT NAME: VOLUNTARY SURGICAL CONTRACEPTION

INPUT SUMMARY BUDGET / ALL COMPONENTS

PAGE 1 OF 1

ELEMENT TYPE	TOTAL			YEAR 1 1993			YEAR 2 1994			YEAR 3 1995		
	CORE	OYB	BUYIN	CORE	OYB	BUYIN	CORE	OYB	BUYIN	CORE	OYB	BUYIN
PERSONNEL - DOMESTIC	35933	72	295	5200	0	0	5186	12	50	7233	16	65
PERSONNEL - OVERSEAS	11949	326	1563	2360	0	0	1143	70	340	2411	76	348
CONSULTANTS	5738	101	442	810	0	0	1038	18	80	1117	25	106
TRAVEL/PER DIEM	5946	58	253	720	0	0	1182	8	35	1162	13	53
PER-DIEM	0	0	0	0	0	0	0	0	0	0	0	0
EQUIPMENT & COMMOD	2040	0	0	170	0	0	491	0	0	408	0	0
SUBAGREEMENTS	26940	4300	20325	2542	0	0	5092	800	4000	5393	1000	4490
SUBCONTRACT/SUBGRANT	0	0	0	0	0	0	0	0	0	0	0	0
TRAINING COSTS	727	0	0	58	0	0	133	0	0	132	0	0
OTHER DIRECT COSTS	8753	92	408	750	0	0	1818	18	80	1797	21	88
INDIRECT COSTS	0	0	0	0	0	0	0	0	0	0	0	0
CONTINGENCY	2941	148	699	390	0	0	482	28	138	590	35	155
INFLATION	9849	557	2609	0	0	0	612	37	183	1604	94	420
<b>TOTAL</b>	<b>110816</b>	<b>5654</b>	<b>26594</b>	<b>13000</b>	<b>0</b>	<b>0</b>	<b>17177</b>	<b>991</b>	<b>4906</b>	<b>21846</b>	<b>1279</b>	<b>5725</b>

ELEMENT TYPE	YEAR 4 1996			YEAR 5 1997		
	CORE	OYB	BUYIN	CORE	OYB	BUYIN
PERSONNEL - DOMESTIC	8620	20	80	9694	24	100
PERSONNEL - OVERSEAS	2857	88	441	3178	92	434
CONSULTANTS	1279	28	126	1494	30	130
TRAVEL/PER DIEM	1388	16	70	1494	21	95
PER-DIEM	0	0	0	0	0	0
EQUIPMENT & COMMOD	463	0	0	508	0	0
SUBAGREEMENTS	6613	1200	5755	7500	1300	6080
SUBCONTRACT/SUBGRANT	0	0	0	0	0	0
TRAINING COSTS	182	0	0	222	0	0
OTHER DIRECT COSTS	2068	23	110	2320	30	130
INDIRECT COSTS	0	0	0	0	0	0
CONTINGENCY	704	41	197	792	45	209
INFLATION	2931	172	822	4486	254	1184
<b>TOTAL</b>	<b>27105</b>	<b>1588</b>	<b>7601</b>	<b>31688</b>	<b>1796</b>	<b>8362</b>

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**AVSC WORKPLAN FOR JAMAICA  
SEPTEMBER 1, 1993 TO AUGUST 31, 1996**

**WORKPLAN GOAL:**

To support the Ministry of Health (MOH) and the National Family Planning Board (NFPB) to improve the quality and expand use of voluntary surgical contraception services offered through MOH institutions by:

1. developing in-country capacity for training in VSC surgical techniques and counseling;
2. providing VSC training and professional education;
3. strengthening monitoring and supervision of medical and non-medical aspects of VSC service delivery.
4. providing the NFPB with technical assistance to institutionalize the Women's Center Jamaica Foundation (WCJF) Project.

**EXECUTIVE SUMMARY:**

The strategy for this three year, AVSC technical assistance project with the NFPB and MOH will continue to focus on expanding the availability and use of long-term and permanent contraceptive methods; introducing and expanding the use of new contraceptive technologies (e.g. no-scalpel vasectomy and NORPLANT) and institutionalizing family planning counseling services.

Efforts under this strategy will focus on actual service provision including support for training and provision of the necessary equipment, as well as activities designed to address knowledge and attitudes related to long term and permanent method use both within the community of family planning service providers as well as the general public.

Central to this strategy is support for the development of sustainable, in-country capacities for training in surgical techniques, including minilaparotomy under local anesthesia, no-scalpel vasectomy, NORPLANT, and postpartum IUD, and family planning counseling.

On the national policy level, the strategy includes

identifying opportunities for providing technical assistance to VSC policy analysis and formulation regarding both medical and non-medical VSC-related issues. To complement this effort, AVSC support and technical assistance will continue to be provided for VSC technological, and VSC policy-related, professional education activities for medical personnel, program managers/administrators, and policy makers.

AVSC will provide technical assistance for two years for activities 1 through 8 and three years for activity 9 in Scope of Work.

Under this 36 month program, AVSC will provide direct financial support and regular technical assistance to the NFPB, MOH, and select in-country institutions. Technical assistance will be provided through AVSC staff visits as well as a number of medical and non-medical consultancies. For this program, AVSC has identified a number of consultants, two medical and one counseling consultant, to provide regular and ongoing assistance to the program.

#### BACKGROUND:

In March 1989, AVSC received funding from USAID/Jamaica to work with the Ministry of Health (MOH) and the National Family Planning Board (NFPB) to improve quality and expand access to VSC services.

Activities conducted during this initial period from March 1989 to March 1992 included: the development of national standards for voluntary sterilization service delivery, two counselor training workshops, one training of trainers in counseling, the introduction of the COPE (client oriented, provider efficient services) methodology at two sites, the training of two doctors from the Victoria Jubilee Hospital (VJH) in minilaparotomy under local anesthesia, an orientation for three MOH project personnel to VSC service sites in Mexico, and a series of AVSC site visits to provide technical assistance in the areas of medical quality and counseling.

In August 1991, a team of AVSC staff and the VSC nurse coordinator conducted a needs assessment to review the status of VS service delivery at nine MOH facilities in order to identify site specific needs in the areas of medical quality, client education and counseling, facilities and equipment, and program management. In April 1992, AVSC received additional funding from USAID/Jamaica to continue support to the MOH and NFPB to improve the quality of VSC services offered and to create sustainable, in-country training capacity in minilaparotomy under local anesthesia and counseling. AVSC support under this project period covered seventeen months, from April 1 1992 to August 31, 1993. Projected activities under this period were based on the recommendations resulting from the assessment conducted during the summer of 1991.

Activities conducted under this period included direct technical and financial support to the NFPB/MOH and through a subagreement with the VJH, as well as technical assistance to service sites, providers, and project staff in VSC surgical techniques, counseling, and VSC supervision and monitoring. Technical assistance was provided by AVSC staff and consultants.

Other activities underway include: training for four physicians in NSV at PRO-PATER in Brazil, observation visit to the NSV program at PRO-PATER for the medical director of the NFPB, conduct of a counselor training for medical and non-medical personnel (focus on counseling men), completion of the counselor training manual for training non-health workers as family planning counselors, and completion of the evaluation exercise at VJH to assess the impact of using non-health workers as family planning counselors.

Although a great deal has been accomplished under the initial buy-in and all deliverables will be met on time a number of important new initiatives which build on the initial 18 month plan remain.

#### SCOPE OF WORK:

1. To continue support to develop the Victoria Jubilee Hospital as a model site for service delivery and as a training site for minilaparotomy under local anesthesia, and expand services to selected MOH hospitals/type V health centers and private sector practices.

Current, direct support of minilaparotomy under local anesthesia and family planning counseling services at the Victoria Jubilee Hospital (VJH) has been extended to December 31, 1993. This extension is supported under the first workplan period and includes funding for the family planning counselors and medical coordinators salaries as well as for training activities. With the expiration of the current subgrant to VJH, on December 31, 1993, salary support for these positions will be assumed under the MOH budget for this institution.

Under this new workplan period, AVSC technical assistance is required to further develop the minilap training program and support to develop and implement a strategy for expanding and institutionalizing minilap services in other MOH service sites as well as selected private sector practices.

At the onset of the new project period in order to define specifically the activities under this objective, including plans for compiling the minilap curriculum, selection of sites for expansion, and selection of appropriate trainees, the AVSC medical consultant is required to conduct a two week consultancy. The purpose of this visit will be three-fold: to discuss plans for

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formalizing the practical minilap training program; to participate in a program orientation workshop for MOH program managers/administrators and service providers, and to conduct site visits to assess program needs at the MOH hospitals/type V health centers selected for expansion of minilap services.

Short term technical assistance will be required to further develop the minilap training program by formalizing a training curriculum and developing a strategy for providing follow-up to trainees once they return to their institutions. The ultimate goal of this effort is to develop and adapt a standard didactic and practical training program in minilap under local anesthesia for the VJH program that will be used for Ob/Gyn residents, MOH physicians, and interested private sector physicians.

AVSC short term technical assistance will be required to finalize the development of a curriculum and the supporting training materials. The AVSC prototype minilap training curriculum will be provided to the NFPD for distribution to a selected review group. Once the prototype curriculum has been distributed and reviewed, the reviewers will be asked to participate in a one day working session to discuss and adapt the curriculum for use at VJH. The AVSC medical consultant will participate in this one day session during the initial two week consultancy. Based on the outcome of this working session, the NFPB and medical consultant will develop a plan and timetable finalizing and printing the curriculum.

The purpose of the orientation workshop for program managers/administrators and service providers will be to provide a general overview of the minilap program at VJH and plans to expand services to additional MOH service sites. The orientation will include a technical presentation of minilap under local anesthesia, including observation of services at VJH, and a discussion of the medical and programmatic advantages and disadvantages of this technology. The overall goal of the workshop is to stimulate interest in the program, identify sites for expansion, select trainees, and solicit input regarding other institutional needs that will have to be addressed in order to support the integration of services once the trainees return to their sites.

Following the workshop, the AVSC medical consultant will visit each of the sites selected for expansion to further determine the needs of each individual institution. These visits will be conducted in conjunction with the VSC nurse coordinator.

Based on this visit and the results of the various activities a plan for training selected MOH service providers as well as addressing needs at each of the individual sites will be developed.

Training will also be provided for a select number of private sector practitioners. This buy-in will support in-country costs associated with the practical training component for the private practitioners. Ob/Gyn residents will receive training at no cost

to the project but as a routine part of their rotation. Training for public sector physicians will be coordinated with the World Bank training project. Based on the site assessments conducted under the initial consultancy, the NFPB and AVSC will make specific recommendations regarding site and trainee selection to the World Bank training project. Once training is conducted, AVSC will support trainee follow-up as well as address other site specific needs to help support the integration of minilap services.

Support to individual sites will be an important component of this expansion in order to assist with the integration of services. Though support to an individual site will be developed based on the specific needs of an individual institution, support may include: VSC program orientations; introduction of the COPE methodology; counselor training; provision of equipment/basic supplies; client information and education materials, and technical assistance for monitoring and supervision of project activities.

2. To establish no-scalpel vasectomy services in at least four sites, public and private, and continue efforts to support the concept of including men in family planning program efforts.

AVSC direct support and technical assistance will be required to at least four sites to initiate and establish no-scalpel vasectomy services. As a follow-up to activities conducted during the first project period, this buy-in will support the return of the NSV consultant and the counseling consultant to follow-up those physicians who received training at PRO-PATER in Brazil and medical and non-medical staff that participated in one of the counselor training workshops.

During this visit, the NSV consultant will observe the surgical technique of each trainee and provide additional technical assistance as needed. The counseling consultant will follow-up on trainees from the NSV service sites as well as the male motivators and staff from peripheral sites, review the status of service delivery at each site and the referral system that was developed under the first project period. Based on this visit, the consultants will make recommendations to the NFPB, MOH, and AVSC for additional support and technical assistance.

AVSC support to each site may include: follow-up training for doctors, nurses, or other staff depending on needs identified, provision of basic equipment/instruments and AVSC client materials; technical assistance to develop and implement communications and outreach/inreach strategies for increasing male participation by reaching potential male clients and their partners.

During the return visit of the NSV consultant, a second workshop on NSV will be conducted. This workshop will be similar to the workshop conducted under the first project period but will include a more in-depth technical presentation, a practical component using the scrotal model, and, if possible to arrange,

observation and practical training (this will depend on the caseload). Participants to this second workshop will include those physicians who expressed interest in learning the NSV technique.

Though direct support and technical assistance is initially contemplated to only four service sites, support will be provided to additional sites based on the results of the second NSV workshop. This support may include training for counselors, technical assistance to establish referral systems and develop and implement communication and outreach/inreach strategies, and basic equipment/instruments and AVSC client materials.

To support these pilot service initiatives and in order to begin to generate interest and demand for vasectomy, AVSC support and technical assistance will be provided to the NFPB to help develop client materials as well as pilot a mass media program on male involvement in family planning programs and no-scalpel vasectomy.

To support the development of appropriate client materials, this buy-in will provide the NFPB with prototype materials (brochures, posters, client instructions) and, if requested, assist with adapting and pre-testing materials. Funds for printing materials will be provided through the World Bank project.

This buy-in will also support technical assistance to develop and pilot television and radio spots to introduce the concept of male involvement in the family planning decision making process and no-scalpel vasectomy. Funding will be required to develop and pilot the programs. AVSC technical assistance will be required to help develop the messages and to evaluate the impact of the programs. A detailed plan and timetable for this activity will be developed during the first quarter of the new project period. Results from the focus group research and the CPS will be used to help develop the programs.

### 3. To pilot postpartum IUD services in two public sector hospitals.

Funds will be provided to assist the NFPB and MOH to establish two pilot postpartum IUD programs. AVSC short term and technical assistance for this project component will include: training in postpartum IUD insertion for two physicians and two nurse-midwives and post-training follow-up of trainees at their sites; observation of an established postpartum IUD regional program by selected trainees and one administrator/manager from both of the selected sites; technical assistance to establish the pilot service including, assistance to develop client flow and record keeping systems, establish appropriate counseling services and follow-up, and establish clinical screening standards for the potential IUD Pilot Project client. AVSC will also provide information and education materials for service providers as well as support for

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the development of client I&E materials and instructions.

The pilot program will be carefully monitored and evaluated so the results can be assessed and presented and determination regarding any additional expansion made. AVSC will provide technical assistance to help the NFPB and MOH establish the pilot protocol.

4. To assist the NFPB and MOH to develop a plan for expanding the availability of NORPLANT services in the public sector.

This buy-in will assist the NFPB and MOH to develop and implement a plan for expanding NORPLANT to additional MOH sites (this objective depends largely on the availability of the implants).

Technical assistance will be provided to assist the NFPB and MOH to develop a comprehensive program strategy for expanding services. This strategy will consider the size of the initial expansion (how many sites); where services should be offered; how services will be organized including counseling, insertion, record keeping and follow-up; how service providers will be trained; how clients will learn and be informed about NORPLANT (demand generation); and client fees and cost recovery.

Once the NORPLANT implant issue has been resolved, this buy-in will support an initial consultancy to work with the NFPB and MOH to develop the expansion strategy.

Once a comprehensive approach for expanding services has been determined, this buy-in support will help implement the expansion and establish services in selected sites. This support may include training of physicians and counselors; technical assistance to initiate services including establishing referral and follow-up systems; developing client I&E materials; provision of AVSC materials; and provision of basic equipment/instruments.

5. To continue support to develop and expand the model of using non-health personnel as family planning counselors.

As a follow-up to activities conducted during the first project period, AVSC support will continue to develop and expand the model of using non-health personnel as family planning counselors.

During the first month of the new project period, AVSC support will be provided to conduct a workshop for MOH and NFPB officials to present the results of the counselor evaluation conducted at VJH, present the final training manual and a proposed training plan for expanding the model to additional sites. The primary purpose of the workshop is to revise and finalize a training plan that will be used to expand the model.

AVSC will assist with drafting the training plan and participate in the actual workshop.

Based on the training plan that is developed during the first quarter of the new project period, this buy-in will assist with the expansion of this model to other MOH sites. This support will include support for in-country training costs; technical assistance to training courses and follow-up to specific sites and trainees; and AVSC counseling materials.

6. To increase awareness and understanding regarding issues related to VSC service provision among Jamaican family planning professionals, managers and policy makers by continuing professional education activities.

This buy-in will fund technical assistance to conduct a series of short term professional education activities for medical personnel (both public and private sector), program managers/administrators, and policy makers. The specific activities that will be supported will be decided in conjunction with the MOH and NFPB but may include: educational seminars; observation visits to relevant, regional programs; press conferences or other media activities to publicize the program or provide method specific information; and dissemination of updated information related to VSC methods and technologies.

The purpose of the professional education activities will be to provide technological updates on all VSC methods; to discuss specific VSC policy issues as related to the Jamaican context; to discuss the place and importance of long term and permanent methods in the Jamaican family planning program; and to work with family planning professional to develop strategies for introducing and expanding VSC services.

These professional education activities will also serve as a forum to introduce and disseminate VSC standards as developed and adopted by the MOH.

The specific forums, dates, and agendas for these activities will be decided within the first six months of the new workplan period. The NFPB and MOH will be responsible for the in-country organization of these events. AVSC staff will organize and coordinate any off-shore activities. This buy-in will also finance staff and consultants time to participate as needed in any professional education activities as resource persons and presenters.

7. To provide technical assistance and support to the MOH and NFPB to develop, adopt and disseminate VSC service delivery standards, particularly in relation to long term and permanent methods new to the Jamaica program.

AVSC technical assistance and support will be provided to the NFPB and MOH to develop, produce and distribute/disseminate service

delivery standards for VSC services, particularly those long-term and permanent methods that are relatively new to the Jamaica program and included under this scope of work.

AVSC will provide the NFPB and MOH with samples of standards and other reference materials as well as providing technical assistance through a medical consultancy. Once the standards have been drafted and finalized, AVSC support will be provided for printing and distribution as well as activities to present and inform service providers and managers about the standards.

8. To assist the NFPB/MOH to develop a standard system for medical monitoring and supervision of the VSC program.

The AVSC medical consultant will work closely with the VSC Nurse-coordinator and the Medical director of the NFPB to strengthen the system for supervising VSC service sites and coordinating the necessary follow-up and technical assistance to each site.

8. To assist the Women's Center of Jamaica Foundation to delay first pregnancy amongst Jamaican teenagers

Based on fifteen years of experience in helping adolescent mothers to continue their education and develop work skills, the Women's Center of Jamaica Foundation (WCJF) is now adding a focus on delaying first pregnancy, thereby preventing many of the educational and social problems associated with early unplanned pregnancy. The project will have two components, targetting three separate population groups considered to be at risk of early sexual activity and unplanned pregnancy.

(a) The Homework Project promotes educational achievement and discourages sexual activity through providing a safe after-school environment for 9-12 year olds from inner-city neighborhoods with high rates of teen pregnancy.

(b) The Grade 7 Project is designed to increase self-esteem, decision-making and problem solving skills, and knowledge of basic family life education topics amongst secondary school students, who may be discouraged about not qualifying for high school.

AVSC's assistance over three years will support start-up salaries, procurement of equipment and technical assistance to help institutionalize these projects.

AVSC has been identified by the Mission to assume this function because of their recognized expertise in counselling and their on-going involvement in service delivery.

**REQUIRED REPORTS:**

The Contractor, AVSC, will have the responsibility for overseeing and managing all aspects of this program, which will be implemented in close coordination with the National Family Planning Board and USAID/Jamaica.

The Contractor will develop a detailed Implementation Plan to integrate the work of AVSC.

The Contractor will submit Quarterly Progress Reports to USAID/Kingston, the National Family Planning Board, and AID/Washington with information specifically outlining progress on each of the major tasks identified in the items under the Scope of Work. The reports (1 copy each) will include major accomplishments, problems and delays in implementation, and suggestions for feasible solutions.

The Contractor will also submit quarterly financial reports showing expenditures by line item.

The Contractor will submit an annual report at the end of Year One of the Project, which will summarize progress during the year and propose any reprogramming of the budget or amendments in objectives or tasks, as required. The annual report will be submitted in 3 copies to USAID/Kingston and AID/Washington. At the conclusion of the project period in Jamaica, a final contract report will be submitted in accordance with AIDAR 752.7026, entitled "Reports".

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**STATEMENT OF WORK**

**I. OBJECTIVE:**

The objective of Association for Voluntary Surgical Contraception (AVSC) assistance to Government of Kenya (GOK) and selected non-governmental organizations (NGOs), and private sector facilities is to establish, maintain, improve and expand access to Permanent and Long Term (P&LT) methods of contraception, continue integration of P&LT methods into family planning method mix available to clients, expand access to services and continue the development of training programs, as well as a national quality assurance system for clinical methods.

**II. BACKGROUND:**

From a modest beginning in 1982 of about 100 clients served per year in two sites, AVSC-supported services have increased to over 60 sites throughout Kenya and over 73,500 clients have received tubal ligations at these sites. The Ministry of Health plans to continue providing quality P&LT methods and counselling services in all provincial and district hospitals and support the continued development of quality P&LT services in selected NGOs. In addition, the MOH and USAID have encouraged AVSC to expand initiatives in the commercial private sector. It is projected that the national family planning program will include 72 sites including Ministry of Health Hospitals, Christian Health Association of Kenya hospitals, Family Planning Association of Kenya static clinics and private clinics under the direct support of AVSC/USAID/MOH.

**III. SCOPE OF WORK:**

The primary objectives over the next 24 months (July 1993 through June 1995) for the MOH, NGOs and private sector grantees will be:

- ◆ To expand service sites from 60 tubal ligation sites to 72, from 9 Norplant sites to 32, from 12 vasectomy sites to 16 and from 1 post partum intrauterine devices (PPIUD) site to 5 by the end of 24 months;
- ◆ To assist the MOH, NGOs and the private sector to provide services for approximately 37,500 tubal ligations clients, 8,000 Norplant clients; 450 vasectomy clients and 1,650 post partum IUD clients;

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- ◆ To assist provider agencies in developing stronger supervisory and on-site training approaches for mini-laparotomy/local anesthesia (ML/LA); Norplant; vasectomy; PPIUD; infection prevention and systems for continuous quality improvement;
- ◆ To increase client demand for services to meet the projected service delivery levels by supporting on-site training in counselling and "in-reach" for family planning workers and community workers as well as integrating this training into on-going FP training in the National Program.

AVSC/USAID/MOH will support up to 125 P&LT service sites during this funding period. In collaboration with all the institutions and under the guidance of the Ministry of Health, AVSC will ensure that quality P&LT methods are established and maintained. AVSC will provide technical assistance, medical, quality assurance and guidance on ensuring a free, informed choice to all participating institutions. During this period, emphasis will be placed on greater progress toward the sustainability of minilap/counselling training capabilities, the introduction and follow-up of the Client-Oriented Provider Efficient (COPE) services, self-assessment tool, and enhanced P&LT management capabilities of key institutions in Kenya.

The proposed subagreements to be obligated during this period are:

**KEN-02-SV-10-A: FAMILY PLANNING ASSOCIATION OF KENYA (FPAK)**

This subagreement will continue support to expand safe and effective P&LT contraception services at the 9 currently supported sites and expand services to an additional 4 sites (total 13 FPAK sites). This grant will also cover male involvement and vasectomy activities at 4 of these sites and Norplant services at 9 of these sites. As in the past, AVSC will support the training of Kenyan trainees in I&E, FP counselling, Norplant and minilap. A new approach to training will be introduced at FPAK. This approach will involve identifying and training facilitators in COPE for Quality Services and in the skills for supervision and on-site training at each site to orient and train staff in various skills, including client education. As in past subagreements, AVSC will assist FPAK to assure quality services and improve management of its clinics through regular programmatic and medical site visits.

During this funding period, specific objectives include the following:

- ◆ train 45 doctor/nurse teams in outpatient and post-partum mini-laparotomy/local anesthesia (ML/LA) procedures;
- ◆ train 16 supervisory teams;

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- ◆ FPAK sites will have a supervisor/facilitator to assist staff in passing skills on to other staff;
- ◆ Sites will also have full time FPAK staff oriented to I&E on-site and who are involved in providing I&E services;
- ◆ perform 9,180 TLs, 3,500 Norplant insertions and 180 vasectomies.

**KEN-08-SV-6-A: CHRISTIAN HEALTH ASSOCIATION OF KENYA (CHAK)**

This subagreement is intended to assist CHAK to continue to expand safe P&LT contraception in rural missionary hospitals spread throughout Kenya. The assistance will support provision of minilap services at 13 currently supported sites and expansion to 1 additional site (total 14 CHAK sites); expand vasectomy services from 1 to 2 of the sites and Norplant from 6 to 10 of the sites. Facilitators will be identified and trained at each of the 14 sites in COPE self assessment and in the methods for on-site training and orientation. These facilitators will pass skills on to co-workers. In addition "in-reach" I&E activities will be introduced in all wards and departments and regular staff meetings and COPE exercises will be conducted to assist with problem solving. To maintain the highest level of asepsis, CHAK will ensure that the basic Kenya Government standards regarding STD screening and exams are followed. AVSC will conduct periodic programmatic and medical site visits to all CHAK sites to ensure quality medical and volunteerism standards. AVSC will continue to offer technical assistance to assist CHAK to improve its supervisory capability at the CHAK secretariat and at all CHAK sites.

During this funding period, specific objectives include:

- ◆ Site trainer/facilitator in 8 of the sites trained and assisting staff to integrate quality FP services into their routine work;
- ◆ All new site staff will receive orientation and on-site training to perform surgical procedures, give simple clear FP messages to educate clients and assist them to make informed decisions for family planning;
- ◆ Improve problem solving capacity at 8 sites and refine referral system and I&E well integrated into routine work of all sites;
- ◆ Perform 5,600 TLs, 1,000 Norplant insertions, 100 vasectomies and 450 post-partum IUD insertions.

**KEN-21-SV-4-A: MINISTRY OF HEALTH (MOH)**

This subagreement will continue support for female sterilization services at 22 currently supported sites and expansion to 5 new sites (total 27 sites). AVSC will also support expendable supplies for Norplant for sites with trained surgeons and will provide counselling training for Norplant. Quality improvement for Norplant services will be included in the overall work of quality improvement and supervision for all permanent and long term methods. In order to maintain the highest level of asepsis, the MOH/DFH will ensure that the basic Kenya Government standards regarding STD screening and examinations are followed.

As part of the expendable supplies needed for P&LT methods this support will also include backup expendable supplies for IUD insertion and removal.

During this funding period, specific objectives include:

- ◆ conduct counselling training for health workers;
- ◆ conduct orientations for health providers;
- ◆ provide specialized equipment and supplies;
- ◆ 91 FP and I&E workers oriented in P&LT methods;
- ◆ 44 health workers trained in counselling skills;
- ◆ train 40 doctor/nurse teams in ML/LA on-site;
- ◆ train 2 doctors in No-scalpel vasectomy;
- ◆ train 44 health workers in counselling skills;
- ◆ perform 12,000 TLs, 1,800 Norplant insertions, and 800 post-partum IUD insertions.

**KEN-25-SV-4-A: FAMILY PLANNING PRIVATE SECTOR (JSI/FPPS)**

This subagreement will continue support for female sterilization services at 19 current sites and expand services to 3 new sites (total 22 sites). In addition, AVSC will provide support to FPPS to introduce COPE self assessment for problem solving at 4 or more of these sites.

FPPS will also work with private practitioners associated with Kenya Medical Association (KMA) and the Kenya Women's Medical Association (KWMA) by assisting up to 12 doctors to initiate P&LT services at their health facilities.

During this funding period, specific objectives include:

- ◆ train 44 health workers in counselling skills;
- ◆ perform 5,600 TLs, 1,330 Norplant insertions and 40 vasectomies.

**KEN-26-SV-4-A: KENYATTA NATIONAL HOSPITAL (KNH)**

This subagreement will support improvement of the capacity of KNH to provide P&LT contraception services. AVSC will support the procurement of new and replacement of old equipment, support the training of service providers and support minor clinic improvements.

During this funding period, specific objectives include:

- ◆ train 40 health workers oriented in FP/VSC;
- ◆ train 25 nurses in counselling;
- ◆ perform 2,000 TLs.

**KEN-23-SV-4-A: SHANNI FAMILY PROGRAM (MKOMANI CLINIC)**

AVSC's involvement at Mkomani is designed to popularize FP activities, including P&LT contraception in the Coast Province of Kenya. AVSC will continue support for services and training to ensure that clients receive clear simple FP message to assist them to make informed FP decisions. AVSC will continue support for training minilap teams and health workers in counselling. Two supervisors will receive orientation to the methods they will use to train on-site staff to conduct COPE exercises, improve their programs and improve on-site supervision. AVSC will also continue support to increase male involvement and vasectomy activities and expand Norplant services.

During this funding period, specific objectives include:

- ◆ train 6 minilap teams in MOH sites;
- ◆ train 12 family planning counselling staff;
- ◆ Mkomani staff to integrate client education into all their activities;
- ◆ perform 1,000 TLs, 500 Norplant insertions and 100 vasectomies.

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**KEN-07-SV-3-A: PUMWANI MATERNITY HOSPITAL (NCC)**

AVSC will assist the Nairobi City Council (NCC) to improve the capacity of Pumwani Maternity Hospital and 2 maternity sites to offer P&LT contraceptive services. During this period Norplant and PPIUD will also be introduced. To maintain the highest level of asepsis, the NCC will ensure that the basic Kenya Government standards regarding STD screening and examinations are followed.

During this funding period, specific objectives include:

- ◆ perform 1,500 TLs, 200 Norplant insertions and 400 post-partum IUD insertions.

**SMALL GRANTS**

- COPE for Quality Supervisors Training	\$21,000
- Kenya Obstetrics and Gynecological Society	\$20,000
- Male Involvement/Vasectomy Expansion	\$16,000
- Infection Prevention/STDs/AIDS	\$14,000
- Federation of African Medical Students Association (FAMSA)	\$5,000

**MONITORING AND EVALUATION**

The Kenya program will be managed from the AVSC Regional Office in Nairobi. A portion of the time of 2 Program Officers, a Senior Program Officer, the Program Manager, the Special Projects Coordinator, the Special Projects Assistant, the Regional Medical Advisor, the Regional Director and support staff are dedicated to Kenya in order to bring the best AVSC expertise to the program. Special assistance from the AVSC New York Medical Division, Special Projects Department, Research and Evaluation and Equipment Services is also dedicated to Kenya, along with time of 4 AVSC Kenyan consultants reflecting surgical skills, I&E and counselling skills and research and evaluation skills.

Evaluation is on-going and is a routine part of team visits. The teams will review service delivery, training of supervisor/facilitator, on-site training, monitoring, infection, I&E and counselling activities supported by AVSC/USAID and work closely with staff on management and problem solving.

After this 2-year funding period a formal evaluation/planning exercise will be carried out to provide guidance for future expansion of permanent and long term contraception in Kenya. The assessors will be drawn from the MOH, FPAK, Mission NGOs, the private sector in Kenya, USAID, other donors and CAs as well as from AVSC. They will evaluate the overall success and progress of permanent and long term contraception training services and supervision in Kenya. Among other things, they will review the systems for implementing and assuring quality services. They will also review the effectiveness of training supervisors as facilitator as well as review on-site skills training. This will

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include how often supervisor/facilitator teams visit service staff and how they coordinate services and provide technical assistance to site staff.

**REPORTING**

AVSC will receive reports from all grantees every quarter. In addition, AVSC will prepare quarterly progress reports on sites established, training accomplishments and clients served. The reports will be submitted to USAID/Kenya and the MOH/DFH Kenya. These reports will include details on progress towards achievement of goals and specific objectives including the following:

**Services:**

- ◆ Number of TL procedures performed;
- ◆ Number of vasectomies performed;
- ◆ Number of Norplant insertions;
- ◆ Number of PPIUD insertions;
- ◆ Number of sites performing P&LT services

**Training:**

- ◆ Number of doctor/nurse teams trained;
- ◆ Number of nurse/midwives trained in counselling.

AVSC New York Office will send copies of the monthly financial statements sent to AID/W concerning funds obligated and fund balances in the project to Office of Population and Health, USAID/Kenya.

**Family Planning Services & Support Project 615-0232**  
**Detailed Budget for VSC Component**  
**Two Years (July 1, 1993 to June 30, 1995)**

**A. Sub-Agreements:**

	US Dollars	Fund Source
Family Planning Assoc. Kenya KEN-02-SV-10-A	470,000	Bilateral
Christian Health Assoc. Kenya KEN-08-SV-6-A	320,000	Bilateral
Ministry of Health/DFH KEN-21-SV-4-A	247,000	Bilateral
Family Planning Priv. Sector KEN-25-SV-4-A	185,000 87,000	Bilateral Central
Kenyatta National Hospital KEN-26-SV-4-A	15,000	Central
Shanni FP Project Mkomani KEN-23-SV-4-A	60,000	Central
Pumwani Maternity Hospital KEN-07-SV-3-A	37,000	Central
<b>Sub-Agreements Sub total</b>	<b>\$1,421,000</b>	<b>Bilat: 1,222,000</b> <b>Central: 199,000</b>

**B. Audits, I&E Materials & Evaluation:**

Audits	113,470	Central
I&E Special Materials	43,500	Bilateral
Evaluation	23,000	Central
<b>Sub total</b>	<b>\$179,970</b>	<b>Bilat: 43,500</b> <b>Central: 136,470</b>

C. Small Grants:

COPE for Quality Super. Trng.	21,000	Bilateral
Kenya Ob/Gyn Society	20,000	Bilateral
Male Involvement/Vasec. Expan.	16,000	Bilateral
Infection Prevention/STDs/AIDS	14,000	Bilateral
FAMSA	5,000	Bilateral
Sub total	<u>\$76,000</u>	Bilateral

D. AVSC Management Tech. Ass.

Personnel	236,546	Bilateral
	111,090	Central
Kenya Staff & Consultant travel	82,394	Bilateral
AVSC New York Staff travel	63,000	Central
Sub total	<u>\$493,030</u>	Bilat: 318,940 Central:174,090

E. Office Space, Communication,  
Supplies

18,000	Bilateral
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F. Equipment Procurement

12,000	Central
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G. Contingency

120,000	Bilateral
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Total Bilateral	\$1,798,440
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Total AVSC Central	<u>\$521,560</u>
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<u>GRAND TOTAL</u>	<u><u>\$2,320,000</u></u>
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STATEMENT OF WORK

I. BACKGROUND

USAID/Zimbabwe and the Ministry of Health are implementing a 6-year Family Planning Project which seeks to diversify the method mix and decrease the cost per user borne by the Government of Zimbabwe. This project will contribute to achieving USAID/Zimbabwe's strategic objective of a sustainable decrease in the total fertility rate from 5.5 to 4.9 by 1998. Under the project, public-sector medical and counselling personnel are trained to counsel in and provide long-term methods including voluntary surgical contraception and IUD insertion. Norplant pre-introductory trials conducted under the project demonstrated a strong potential demand for this new contraceptive device. Given the high commodity cost, however, there is concern that Norplant is inappropriate for wide-spread public sector distribution. Thus, the project plans to train providers and promote Norplant in the private sector to assure that some demand for Norplant is met without further taxing GOZ resources.

The Zimbabwe National Family Planning Council (ZNFPC) is responsible for implementation of the Family Planning Project, with technical assistance from four AID-funded cooperating agencies (CAs) in areas of specialized competence. One of the CAs is the Association for Voluntary Surgical Contraception (AVSC) which assists the ZNFPC to train health personnel in voluntary surgical contraception. AVSC has worked in Zimbabwe since 1987, and to date has supported the training of 12 surgical teams in minilaparotomy under local anesthesia and 61 nurses.

Based on AVSC's technical competence and experience in the area, and good working relationship with the ZNFPC, the ZNFPC requested assistance from AVSC for the private provider Norplant training. This activity will be complemented by development of a strategy and campaign for promotion of private sector FP services. It is anticipated that the Population Communications Services will provide technical assistance for the IEC component.

Training of private sector physicians falls in AVSC's mandate of making available high quality service delivery of contraceptive methods that require medical procedures under its new cooperative agreement with AID/W. The training also conforms with the bilateral Family Planning Project purpose, stated above.

**III. REPORTS AND DELIVERABLES:**

The reports under this Add-On are as follows:

1. In conjunction with the ZNFPC, AVSC will prepare a proposed time table for project implementation within one month after approval of the add on.
2. AVSC will provide to USAID and the ZNFPC a copy of the training plan within one month after its completion.
3. AVSC will provide USAID and the ZNFPC with quarterly narrative reports. This will include service delivery statistics.
4. AVSC will provide USAID and the ZNFPC with a copy of the internal, end-of-project evaluation.

**IV. RELATIONSHIPS AND RESPONSIBILITIES**

In USAID/Zimbabwe, the Contractor will report to the General Development Officer, Robert Armstrong and the Family Planning Administrator. Within the host country, the Contractors will report to the Executive Director of the Zimbabwe Family Planning project, Dr. Alex Zinanga and to the Permanent Secretary of Health, Dr. Richard Chatora.

**VI. BUDGET**

See Attached

**ILLUSTRATIVE FINANCIAL PLAN**

<b>1. Technical Assistance:</b>	<b>\$38,880</b>
a. AVSC Management and TA	\$16,000
b. Travel & per diem: 8 RT visits from Nairobi	10,400
c. Consultant trainer fees	6,000
d. Estimated overhead at 20% above	6,480
<b>2. Commodities:</b>	<b>25,000</b>
a. Norplant insertion kits: 30 kits at \$833 per kit	25,000
<b>TOTAL: TA and Commodities</b>	<b>63,880</b>
<b>Rounds to</b>	<b><u>\$64,000</u></b>

**Notes:**

(1) Local support costs will be covered under the local currency element of the bilateral Zimbabwe Family Planning Project Grant Agreement

(2) Estimated overhead rate is based on information provided by the AID/W backstop for the AVSC cooperative agreement

ATTACHMENT A

SCOPE OF WORK

ESTABLISHMENT OF SERVICE-CENTERED TRAINING  
CENTER FOR EXPANDING POST-PARTUM/POST-ABORTION  
CONTRACEPTIVE SERVICES  
IN THE CENTRAL ASIAN REPUBLICS

I. BACKGROUND

Family Planning Needs in Central Asian Republics

Needs assessments conducted by multilateral and bilateral missions to the Central Asian Republics (CARs) have identified the health sector as particularly vulnerable. Lack of hard currency and breakdown of intra-republic trade have resulted in acute shortage of medicines, vaccines and medical supplies, including contraceptives. Women's health in general, and reproductive health in particular, demand particular attention, because of historically limited access to contraception, and an overwhelming reliance on abortion as the primary method of fertility control.

The CARs, when compared to other republics of the former Soviet Union, have significantly higher fertility, as well as higher maternal and infant mortality. The average number of children born to women during their childbearing years is between 4.0 and 4.6 in the Kyrgyz Republic, Turkmenistan and Uzbekistan. Kazakhstan has a lower fertility of 3.0 which is attributable to the large numbers of European origin in that country; native Kazaks, on the other hand, have fertility levels similar to those in their neighboring countries.

There are many factors sustaining the high levels of fertility; these same factors play some role in contributing to higher maternal morbidity and mortality, and also diminish child survival. First, it is the custom to have short intervals between births. Indeed, 20% of all birth intervals are less than one year and up to 80% are less than two years, placing a significant proportion of mothers and children at risk. Second, there has been a sharp decline in breastfeeding during recent years. Third, women in their child-bearing years are reported to start use of contraceptives only after early childbearing. The main method promoted is the IUD, yet there is a high failure rate due to the poor quality of IUDs produced in Russia. There is widespread distrust of oral contraceptives, both by medical personnel and the public at large. Contraceptive sterilization for women, made legal in the last month prior to the dissolution of the USSR, is virtually unknown and is offered to women only in the context of repeated cesarean sections.

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Lack of options in contraceptive methods, combined with chronic shortages in supply, have made induce abortions the primary

method of fertility control. The estimated total abortion rate for Kazakhstan and Uzbekistan is 2.3 - 2.9 abortions per woman while the Uzbekistan, it is 1.2 -1.6. Abortion is used for reasons of spacing and limiting.

Rising levels of contraceptive prevalence, with the only recent introduction of family planning services, and the relatively high levels of induced abortion suggest there is substantial unmet demand for contraceptives services in the CARs. However, the economic crisis confronting the republics endangers their ability to provide these and other necessary maternal and child health services.

Shrinking revenues to the Ministries of Health and lack of hard currency have resulted in downsized programs and acute shortages of medicine, vaccines, and other medical supplies. As a consequence of the economic crisis, there is a real risk that the recently established momentum in family planning will be lost.

Host government officials in Uzbekistan, Kazakhstan, the Kyrgyz Republic and Turkmenistan - have recognized the importance of high-quality family planning services, the positive impact of child spacing on maternal and child health, and have expressed a desire to expand the availability and quality of services, as well as expand the range of available methods.

The proposed activities and technical assistance will build on existing, well-established systems of prenatal care and hospital-based labor and delivery for post-partum family planning programs, which have proven effective worldwide. While Central Asian systems for prenatal and perinatal care are similar to those in the United States in terms of comprehensiveness of consultations, screening tests and risk-assessment, there are many serious weaknesses related to the limited attention accorded preventive practices, such as family planning. Such practices also contribute to the very high prevalence of abortion. Therefore, the program of activities outlined below shall focus on providing family planning counseling and services in the context of existing post-abortion facilities. Sites shall be chosen for their potential to serve as model training centers, as well as their capacity to serve client populations of significant size.

## II. PROGRAM GOAL AND OBJECTIVES

The goal of this effort is to improve maternal and child health through the provision of safe, effective contraceptive methods. Its objectives are to establish model service-centered training centers and to expand services for post-partum and post-abortion contraception within existing Ministry of Health service delivery systems of four countries (Uzbekistan, the Kyrgyz Republic, Kazakhstan, and Turkmenistan) of the Central Asian Republics over a 18-month period. Additionally, training-of-trainers in

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clinical methods/counseling will be undertaken in conjunction with the emergent private sector, in support of the Social Marketing for Change Project (SOMARC III), in two countries, Uzbekistan and the Kyrgyz Republic.

**III. SPECIFIC ACTIVITIES**

The Contractor shall undertake the following activities toward achieving the program objectives:

A. Design, in conjunction with the Ministry of Health (MOH) in each of the four countries, a plan to establish 8 model service-centered training centers that will initiate and/or strengthen 4 post-partum and 4 post-abortion contraceptive services in each country (these may be at the same location), building on existing maternity and abortion service sites (no construction is envisioned; only technical assistance and some equipment/commodities will be provided). Working with MOHs, the Contractor shall identify appropriate sites, select trainees, develop training caseload, and prepare other requirements for clinical and counseling training.

B. Determine equipment, supplies, and commodities necessary for each training and service center so that each meets clinical safety and service requirements. This list will be presented to the MOH and AID for approval and based on this approval, AVSC will procure and ship the necessary materials.

C. The Contractor shall train the initial cadre of 8 trainers to provide a broad mix of post partum and post-abortion methods, including surgical sterilization, post-partum IUDs, Norplant, depo provera, pills, and condoms. Train 2 trainers in contraceptive technology and counseling techniques at each service site and in addition, 15 medical personnel from referral points (women's consultation clinics).

D. The Contractor shall provide in-reach services at each training center to include orientation workshops for staff and policy makers, education and contraception updates, and coordination within service sites and between referral points and service sites, toward building service capacity.

E. The Contractor shall examine reproductive health norms and qualifications criteria and collaborate with relevant personnel to establish standards. The Contractor shall identify medical and administrative barriers at the site level and work with policy-makers, managers and staff to remove barriers to services.

F. In collaboration with MOH-designated staff, the Contractor shall develop local language client-centered information and education (I&E) material and informed consent and other forms for service sites and referral points. The Contractor shall provide medical personnel with a core package of translated and updated

contraceptive information.

G. Oversight by the contractor shall be undertaken to ensure trainees are providing high quality family planning service delivery, including offering a range of contraceptive methods; effective counseling and ensuring satisfied well-informed clients.

H. The Contractor shall evaluate service-centered training sites in each of the 4 countries to assess quality of training and services.

I. In collaboration with staff of the SOMARC III project, the Contractor shall be responsible for training-of-trainers in clinical methods to be used in the AID-funded private sector social marketing project. The Contractor shall conduct two training seminars (one in the Kyrgyz Republic, and one in Uzbekistan), with not less than 10 participants each, in collaboration with the local associations of private physicians, which are currently becoming organized. The Contractor shall also conduct follow-up training seminars, using trainers from the first sessions, to train an additional 50 physicians in each country.

#### **IV. COLLABORATION WITH OTHER COOPERATING ORGANIZATIONS**

The Contractor shall organize and coordinate activities in conjunction with other AID Population Cooperating Agencies who are working toward the expansion of family planning in the Central Asian Republics. These include the Reproductive Health Training (JHPIEGO) project activities, including assessment, training, workshops, study tours, and evaluation. The Contractor shall also work closely with the staff of the Social Marketing for Change Project (SOMARC III), Options for Population Policy Project (OPTIONS II) and Population Communication Services (PCS) to ensure training, service delivery and IEC activities are in close coordination.

It is assumed that significant planning meetings and joint assessment activities will be completed in a strongly coordinated fashion. The Contractor country strategies will be reviewed by USAID/Almaty, the NIS Task Force and each of the cooperating agencies working in related areas.

The Contractor shall work closely with JHPIEGO in the development of training materials since there will be some overlap in pre-service and in-service educational materials.

## V. REQUIRED REPORTS

The contractor is required to submit the following reports:

1. Trip Reports. Following each trip related to the project, the contractor will prepare a report documenting the accomplishments of the trip and making recommendations, as needed, for refining the component activities in the "Scope of Work".
2. Quarterly Financial and Activity Reports. To be submitted to the AID/Newly Independent States/Task Force/Office of Democratic Initiatives, Health and Human Resources, and USAID/Alma Ata. These reports will be in addition to reports provided to the Cognizant Technical Officer in the AID/RD/Office of Population. The reports will be prepared in accordance with the U.S. Government fiscal year, so that quarterly and cumulative financial reports will be due within 15 days of the end of each quarter, e.g. January 15, April 15, and October 15.
3. Terminal Report. To be prepared at the end of the project.

The contractor will also develop an AVSC technical assistance plan concomitant with the development of the country strategies to ensure that appropriate monitoring of project activities occurs during critical points in project activity.

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**VI. TIMELINE (18 MONTHS)**

<b>Month 2</b>	<b>Assessment</b>
<b>Month 3-6</b>	Identify equipment, supplies, commodities needs Obtain MOH/AID approval Procure and ship materials Translate and ship I&E material and clinical/consent forms, contraceptive and training-related information
<b>Month 5-15</b>	Conduct training of training for private physicians collaborating in the social marketing project (timing to determined in accordance with the pace of project implementation, and in close consultation with SOMARC III staff).
<b>Month 7</b>	Training site #1: clinical and counseling training
<b>Month 7-10</b>	Site #2 in-reach activities (orientation workshop, contraceptive update, coordination, barriers removal workshop). Build service capacity.
<b>Month 10</b>	Training site #2 clinical and counseling training
<b>Month 11-13</b>	Site #2 in-reach activities (orientation workshop, contraceptive update, coordination, barriers removal workshop). Build service capacity.
<b>Month 14</b>	Training site #3: clinical and counseling training
<b>Month 14-16</b>	Site #3 in-reach activities (orientation workshop, contraceptive update, coordination, barriers removal workshop). Build service capacity.
<b>Month 14-16</b>	Site #4 in-reach activities (orientation workshop, contraceptive update, coordination, barriers removal workshop). Build service capacity.
<b>Month 15</b>	Training site #4: clinical and counseling training
<b>Month 18</b>	Evaluation

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**ATTACHMENT B**

**ILLUSTRATIVE BUDGET**

<b>Initial assessment*</b>	<b>75,000</b>
<b>Equipment &amp; Supplies</b>	<b>176,000</b>
<b>shipping</b>	<b>38,000</b>
<b>Training workshops</b>	<b>262,000</b>
<b>I&amp;E materials</b>	<b>77,000</b>
<b>Regional orientation workshop</b>	<b>60,000</b>
<b>Evaluation</b>	<b>40,600</b>
<b>AVSC staff time</b>	<b>141,400</b>
<b>Administrative costs</b>	<b>80,000</b>
<b>TOTAL BUDGET:</b>	<b>\$950,000</b>

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**SCOPE OF WORK**

Please amend the following in the original Scope of Work.

a. On page 3 of 5:

2. **Specific Objectives**

a. **Ministry of Health**

**Replace:** "AVSC will provide a consultant to design, in conjunction with MOH-RHU personnel, a four year plan..."

**With:** "AVSC will provide a consultant to design, in conjunction with MOH-RHU personnel a three year plan..."

b. **IGSS**

**Replace:** "AVSC will provide a consultant to design, in conjunction with the IGSS Reproductive Health Unit a four year plan..."

**With:** "AVSC will provide a consultant to design, in conjunction with the IGSS Reproductive Health Unit a three year plan..."

b. On page 5 of 5

4. **Contractor Arrangements**

**Replace:** "It is requested that this contract be negotiated for four years."

**With:** "It is requested that this contract be negotiated for three years."

**PIO/T 520-0357-3-20110**  
**AMENDMENT I**  
**ATTACHMENT A**  
 Page 1 of 1

**ILLUSTRATIVE BUDGET**

**a. Ministry of Health**

	<u>This PIO/T</u>	<u>PREVIOUS LOP</u>	<u>NEW LOP</u> (2-95)
1. Consultant Fees	50,000	250,000	100,000
2. Travel/Per Diem	25,000	50,000	50,000
3. Thrid Country Trg.	25,000	50,000	50,000
4. Regional/National Trg. Center Development	20,000	91,238	40,000
5. Equipment	25,260	100,000	50,000
<b>SUB-TOTAL</b>	<u>145,260</u>	<u>591,238</u>	<u>290,000</u>

**b. IGSS**

1. Consultant Fees	35,000	120,000	70,000
2. Travel/Per Diem	20,000	60,000	40,000
3. Third Country Trg.	15,000	50,000	30,000
4. Equipment	30,000	77,300	60,000
<b>SUB-TOTAL</b>	<u>100,000</u>	<u>307,300</u>	<u>200,000</u>
<b>GRAND TOTAL</b>	<b>245,260</b>	<b>898,538</b>	<b>490,000</b>

**Mission requests that any indirect costs be financed through central funds.**

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**SCOPE OF WORK**

Please amend the following in the original Scope of Work:

4. **Contractor Arrangements**

It is requested that this contract be negotiated through February 1995. The Mission anticipates the need to continue activities beyond this date, and will negotiate a new buy-in under a follow-on contract. The start-up date is March 1, 1993. Funding contained in this PIO/T is incremental. The total LOP budget is contained in the attached budgets. Mission requests that indirect costs be financed through central funds.

ILLUSTRATIVE BUDGET

a. Ministry of Health

	<u>This PIO/T</u>	<u>LOP</u>
1. Consultant Fees	50,000	250,000
2. Travel/Per Diem	25,000	100,000
3. Third Country Training	25,000	50,000
4. Regional/National Training Center Development	20,000	91,238
5. Equipment	<u>25,260</u>	<u>100,000</u>
SUB-TOTAL	145,260	591,238

b. IGSS

1. Consultant Fees	35,000	120,000
2. Travel/Per Diem	20,000	60,000
3. Third Country Training	15,000	50,000
4. Equipment	<u>30,000</u>	<u>77,300</u>
SUB-TOTAL	100,000	307,300
GRAND TOTAL	<u>245,260</u>	<u>898,538</u>
=====	=====	=====

Mission requests that any indirect costs be financed through central funds.

ILLUSTRATIVE BUDGET BY PROJECT COMPONENT

(In US Dollars)

1. MINISTRY OF HEALTH

	<u>THIS PIO/T</u>
COMPONENT III: EXPANSION OF SERVICES	145,260

2. IGSS

COMPONENT I: POLICY DIALOGUE	20,000
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COMPONENT III: EXPANSION OF SERVICES	80,000
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TOTAL FOR THIS PIO/T =====	\$245,260 \$=====
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3672s

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## SCOPE OF WORK

### 1. Objective:

The objective of this buy-in to the Association for Voluntary Surgical Contraception's centrally funded contract is to provide technical assistance and training, and to purchase and ship selected clinical equipment to improve the provision of reproductive health services throughout the Ministry of Health service delivery system and in selected sites of the Guatemalan Social Security Institute (IGSS).

### 2. Background:

#### a. Ministry of Health

The Guatemalan Ministry of Health (MOH) plays a key role in the overall "Family Health Services" Project strategy because it operates the largest health care delivery system in the country and currently provides the majority of maternal-child health services. Through the MOH Reproductive Health Unit (MOH/RHU), this large established network of physical infrastructure and human resources can be used to provide reproductive health services to the entire country, including many geographically isolated rural areas. The potential of the Ministry of Health to expand the coverage of reproductive health services is great, and the Grant Agreement signed with the MOH is designed to tap this potential.

The MOH Reproductive Health Unit (RHU) formerly known as the Family Planning Unit, was established in 1982. It is a vertical administrative unit that has been responsible for three administrative functions: (1) training; (2) supervision; and (3) contraceptive supply logistics. Actual service delivery is provided in an integrated fashion through the Ministry of Health system of hospitals, health posts, health centers and volunteer health promoters. AVSC has successfully worked with the Unit over the past three years under the previous AID project, 520-0288, Expansion of Family Planning Services.

Through the "Family Health Services" Project, the MOH-RHU will expand successful ongoing activities and add the following new services: (1) post-partum family planning methods, including voluntary surgical contraception, in 26 Ministry hospitals and type "A" health centers; and (2) the incorporation of MOH community-based volunteer health promoters in the provision of family planning methods and referral.

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Much of the current work of the Ministry's hospitals is attending births. The national public health system encourages mothers with normal pregnancies to give birth at home because of overcrowding in the national hospitals. As a result, many of the hospital births are "high risk births" involving complications or unfavorable physical conditions of the mother. The hospitals also see high numbers of induced abortions that involve complications. Many of these patients subsequently request surgical sterilization. The hospitals often cannot provide this elective surgery because staff and facilities are overextended with emergencies. Complex paperwork and inconsistent clinical protocols are other reasons the hospitals often prefer to postpone or deny requests from patients for surgical sterilizations. Conditions in the hospitals are often not adequate and discourage patients from requesting services.

The "Family Health Services" Project will improve the capacity of the MOH hospitals to provide higher quality voluntary surgical sterilizations, and will help upgrade conditions to make the surgical interventions safer and more comfortable for the client. By the end of this Project an estimated 13 percent of hospital births will be followed by the provision of a birth spacing method to increase the intergestational period.

#### B. Guatemalan Social Security Institute

The Guatemalan Social Security Institute (IGSS) delivers preventive and curative health services (primarily for accidental work related trauma, illness, and maternity) financed through contributions from employers and employees.

Maternal and child health services are provided through the Maternal and Child Hygiene Unit, under the Department of Preventive Medicine and two major hospitals, under the Department of Central Medical Services. The hospitals are the Hospital of Gynecology and Obstetrics and the Juan José Arévalo Hospital. IGSS attended 22,731 deliveries in 1989, of which 90% were at these two hospitals.

IGSS is particularly interested in receiving A.I.D. assistance in meeting demand for family planning and child spacing information and services among its members, especially for women identified as being at high risk for pregnancy complications.

2. Specific Objectives

a. Ministry of Health

AVSC will provide a consultant to design, in conjunction with MOH-RHU personnel, a four year plan to incorporate at least 26 MOH facilities (hospitals or type "A" health centers) into the ongoing RHU post-partum family planning program.

Based on the above plan, a technical assistance and training plan will also be developed. This plan will include but not be limited to the following activities and areas: initial hospital/facility evaluation; technical training needs assessment, both local and third country; counseling training needs assessment; quality of care workshops; contraceptive technology update workshops; surgical safety assessments; and follow-up training on all of the above.

As part of the hospital/facility evaluation, AVSC will determine what equipment is necessary so that each facility meets its minimum surgical safety requirements. This list will be presented to the MOH and AID for approval and based on this approval, AVSC will procure and ship the necessary equipment.

AVSC will provide two consultant visits a year to monitor the progress of the MOH-RHU; AVSC will also provide at least seven days of TDY a year to resolve specific problems as they arise. AVSC will provide consultants for the TA and training to the MOH as mutually agreed by all parties following the submission and approval of the TA and training plan as described above.

b. IGSS

AVSC will provide a consultant to design, in conjunction with the IGSS Reproductive Health Unit a four year plan to incorporate family planning services into at least three IGSS hospitals (Escuintla, Juan José Arévalo and the OB/GYN Hospital) and into any other IGSS facilities that are identified by the Unit.

Based on the above plan, AVSC will also develop a technical assistance and training plan for IGSS personnel in the following areas: contraceptive technology; sexually transmitted diseases; informed consent; quality of care; surgical safety; program supervision and monitoring; and follow-up training for all of the above.

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As part of the plan to incorporate services into the IGSS facilities, AVSC will conduct an evaluation of the physical plant of each facility and make recommendations to improve the facility in terms of surgical safety. The evaluation will also review the equipment needs of each facility and AVSC will provide a list of equipment needs to AID and the IGSS. Based on AID's approval, AVSC will procure and ship the necessary equipment.

AVSC will provide two evaluation visits a year to the IGSS and make available at least seven days of consultant time a year to help resolve specific problems as they arise.

It is expected that trips and training activities will be carried out in a manner that maximizes the use of consultant time and resources by combining personnel from the MOH-RHU and the IGSS.

AVSC is also requested to examine the possibility of establishing regional or national training centers for surgical and post-partum family planning in either the MOH or IGSS facilities. This would lower the costs arising from third country training as well as improve the sustainability of training activities.

AVSC will examine the reproductive health norms and qualification criteria for both the MOH and the IGSS and make recommendations to remove unnecessary barriers to service delivery. At least one workshop for decision makers from both institutions will be held annually on this topic. As needed, AVSC will provide TA to revise institutional norms and clinical protocols.

AVSC will provide consultants for the TA and training to the IGSS as mutually agreed by all parties following the submission and approval of the TA and training plan as described above.

**3. Required Reports:**

AVSC will be responsible for providing the plans described above within 30 days of the end of each TDY. The plans will be submitted in Spanish and contain an illustrative budget for the proposed work.

Within 30 days of the end of each TDY/training activity, AVSC will submit a travel report in Spanish to the Mission and to the counterpart agency.

A progress report in Spanish will be provided no later than 30 days after each evaluation visit.

AVSC is requested to prepare financial reports for this buy-in that clearly break down costs by institution.

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4. Contractor Arrangements

It is requested that this contract be negotiated for four years. Funding contained in this PIO/T is incremental. The total LOP budget is contained in the attached budgets. Mission requests that indirect costs be financed through central funds.

ILLUSTRATIVE BUDGET (US\$)

	PIO/T 520-0357-3-20110	PIO/T 520-0357-3-30042	LOP 8-96
<b>a. MINISTRY OF HEALTH</b>			
1. Consultant Fees	50,000	50,000	250,000
2. Travel/Per Diem	25,000	25,000	100,000
3. Third Country Training	25,000	25,000	50,000
4. Regional/National Training Center	20,000	20,000	91,238
5. Equipment	25,260	24,740	100,000
<b>Sub-total</b>	<b>145,260</b>	<b>144,740</b>	<b>591,238</b>
<b>b. IGSS</b>			
1. Consultant Fees	35,000	35,000	120,000
2. Travel/Per Diem	20,000	20,000	60,000
3. Third Country Training	15,000	15,000	50,000
4. Equipment	30,000	30,000	77,300
<b>Sub-total</b>	<b>100,000</b>	<b>100,000</b>	<b>307,300</b>
<b>TOTAL</b>	<b>245,260</b>	<b>244,740</b>	<b>898,538</b>

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**SCOPE OF WORK  
NORPLANT INTRODUCTION STRATEGY FOR MALI  
ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION**

**TIME FRAME: 1 JANUARY 1993 - 31 DECEMBER 95**

The objective of this buy-in to the Association for Voluntary Surgical Contraception is to provide AVSC technical support to the Government of Mali in its introduction of Norplant, a long-lasting reversible hormonal contraceptive.

Buy-in funds to AVSC will cover initial materials procurement and air shipment, AVSC's technical assistance and managerial support, travel outside of Mali, and program monitoring and evaluation (interim and final). Local currency expenditures such as per diem and honoraria for in-country training and medical site visits, gasoline, equipment maintenance and repair, furniture and expendable surgical supplies are not contained within this buy-in. They will be paid directly to the Ministry of Health by the local currency budget of the USAID/Mali Child Health and Population Support (CHPS) Project.

This Scope of Work complements AVSC's Scope of Work for the Ministry of Public Health's (MOPH) program to expand voluntary surgical contraception (VSC) access through minilaparotomy under local anesthesia. AVSC will award to the Ministry of Health one global subagreement that will describe the activities for both minilap and Norplant.

The Family and Community Health Division (FCHD) of the Ministry will provide the technical leadership for the introduction of Norplant in Mali. The FCHD will play the lead role in implementing the activities described under the Norplant Introduction Strategy for Mali document. AVSC will coordinate all of its activities with that division. AVSC will also coordinate with the Projet Santé Population et Hydraulique Rurale (PSPHR) of the Ministry, which has overall responsibility for the administration and fiscal management of project activities.

AVSC's specific roles and responsibilities for Norplant introduction under this buy-in are described below.

- A) Strategy Development & Program Planning. AVSC will, in cooperation with JHPIEGO and Family Health International (FHI) provide technical assistance to the MSPSPA in the development of the strategy. This activity will also include working with the CHPS project to help develop budgets for the local costs of supporting Norplant introduction.

To enable the national leadership to observe a Norplant program that is already "up and running," AVSC will investigate the possibilities for two MOPH officials to participate in a study tour. The study tour would give them

the first-hand experience of having a dialog with the leadership of another African country's Norplant introduction -- the problems it has encountered and lessons learned.

- B) Readying the sites/providing equipment. In cooperation with FCHD personnel, AVSC will assess the initial equipment and renovation needs of the five Norplant sites. To assure that each site is adequately equipped to provide Norplant under acceptable standards of asepsis and medical quality, AVSC will procure and ship essential equipment.
- C) Family Planning Counseling skills training. The success of Norplant® introduction depends on good pre-insertion counseling to inform clients about common side effects and post-insertion counseling in response to client needs. AVSC will provide technical assistance to the FCHD for the training of nurse-midwives at Norplant service sites in family planning counseling skills. This counseling training will focus on both up-to-date method information (all methods) and interpersonal communication skills, which apply to all family planning methods including Norplant®. The Norplant introduction strategy calls for a total of four such workshops.

The FCHD will select a team of three Malian trainers to organize and carry out the training. Before the first training, AVSC will provide the AVSC counseling curriculum and send a training consultant specialized in the use and adaptation of the curriculum. Two persons from each pilot center, plus the FCHD supervisor will attend (total 11 participants). The AVSC consultant will serve as a resource person and will co-facilitate the workshop with three Malian trainers. The consultant will work with the Malian team prior to the workshop to strengthen their training skills, to prepare the workshop and to review and adapt the curriculum.

AVSC will provided any needed technical support for the three additional counseling training workshops that are planned for the Introduction phase. The additional workshops will be organized, scheduled and facilitated by the FCHD or its designates. Up to 30 staff from MCH and other referral centers who are responsible for counseling will attend these training sessions. These sessions will last for three days rather than five because the level of counseling required of these health workers is less intensive than that provided by the counselors at the Norplant service sites themselves.

The initial five-day counseling training workshop will be conducted before August, 1993. Subsequent workshops will be held during the course of the introduction phase.

D) Establishing a supply system. A smoothly-functioning system that assures Norplant service sites of an uninterrupted stock of expendable material is critical to the success of the introduction program. AVSC will provide technical assistance to the FCHD to help the latter develop a strategy for the continued supply and distribution of expendable supplies--as well as for the Norplant itself. AVSC will help the FCHD implement a system for partial cost recovery via charging fees for services. Because the need for a reliable and sustainable supply system pertains to both Norplant and VSC/minilap, this activity will be integrated with the minilap program.

E) Information, Education and Communication. Introducing Norplant requires educational materials targeted for health providers and potential clients. Culturally appropriate educational materials for use in clinics in Mali will be adapted or developed by the National Center of Information, Education and Communication (CNIEC) of the Ministry of Health.

With the initial shipment of material for the Norplant program, AVSC will supply the FCHD with a range of French language informational materials for its own use and use by each of the pilot centers. This shipment will contain both print materials and audio-visual aids.

To facilitate local IEC materials development, AVSC will provide an IEC consultant with experience in Norplant to work with the National Center of Information, Education and Communication. AVSC will also provide its existing client brochures on minilap and Norplant, which may serve as a prototype or point of departure for the Malian version.

AVSC will work with the SOMARC representative in Mali to explore avenues for collaboration in IEC/marketing for Norplant. With SOMARC, AVSC will investigate opportunities for Norplant introduction in the private sector. Since AVSC is subcontracted as the permanent and longterm methods specialist under the global SOMARC III project, the two agencies are natural partners in Mali.

F) Record-keeping. AVSC will provide technical assistance as needed to the Ministry to modify or supplement its record-keeping forms to include the categories of information specifically needed for monitoring Norplant clients. These forms include both the individual FP client record and the monthly registers that each FP service site maintains.

The existing FP record form will be modified so that several additional items of information can be noted: name of the clinic where the No.plant® was inserted; date of insertion;

expected removal date five years post-insertion; actual date of removal. As an interim measure, the FCHD can develop a rubber stamp to be applied to the client record and client's personal appointment card so that she has a record of her insertion.

G) Supervision and Quality assurance.

AVSC will, in collaboration with JHPIEGO, assist the FCHD to develop and utilize a form for collecting quality assurance data. This form, which is distinct from the clinic register, will serve as a tool for monitoring and quality assurance. Information to be recorded will include: new acceptors, continuing users of Norplant®, early removals, complications, etc. These monitoring data will enable the FCHD supervisor and the Norplant® service providers from the five centers to exchange technical and programmatic information, present service statistics, and discuss progress, problems and ways to improve the service delivery program as a whole.

AVSC will make periodic programmatic and medical site visits to the Norplant sites to monitor the quality of services, discuss the services with clinic personnel and assist with problem-solving. These AVSC visits will be planned and coordinated with the FCHD so that the site visits are conducted jointly.

AVSC will work with the FCHD and specifically with the national coordinator for permanent and longterm contraception, to help him/her build the specialized skills needed to provide monitoring and quality assurance for the national program as it grows. Quality assurance encompasses both medical and non-medical aspects of service delivery. TA for medical quality assurance will highlight techniques in infection prevention to protect service providers and clients from accidental infection.

To promote cost-effectiveness AVSC will, as much as possible, arrange its monitoring and TA visits in such a way that the visitor can accomplish objectives for both the minilap and the Norplant programs.

Moreover, AVSC will keep in close communication with JHPIEGO and FHI to assure that the three agencies support and facilitate one other's work.

H. Evaluation

Approximately six months before the end of project, it is anticipated that the FCHD will conduct a review of the

introduction phase. AVSC will work with the FCHD and the other cooperating agencies to help design the review exercise and to identify an evaluation specialist who can participate as a team member during the exercise.

PROJECT OUTPUTS

Training:

4 counseling workshops

Total of 42 providers trained in counseling

A counseling curriculum for Mali based on the AVSC prototype will be used and adapted

Services:

An estimated 3000 women will receive Norplant services during the life of project.

Information & Education

Culturally appropriate print materials (pamphlets and flip charts) will be produced.

Print and audio-visual materials on Norplant supplied to all sites

Technical Assistance:

Total of 14 technical assistance visits funded under this buy-in:

Six programmatic monitoring visits (program officer)

Three visits for medical quality assurance and infection prevention (medical advisor)

One visit for counseling training

One to two visits for IEC materials development

One to two visits to examine cost recovery

One visit to participate in the FCHD's final assessment of the introduction

Norplant study tour for two officials in positions of national leadership

ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION (AVSC)  
 ATTACHMENT No. II

BUDGET NORPLANT INTRODUCTION PROGRAM: ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION		
<b>I.</b>	<b>Subagreements (Grants to others)</b>	
	DFH, MOH (MLI-02) Norplant portion	55,000
	Small grants (TBD)	35,000
	Study tour	17,000
	<b>Subtotal</b>	<b>107,000</b>
<b>II.</b>	<b>Person-days (salaries &amp; wages)</b>	
	<b>A. Technical assistance &amp; management</b>	
	Senior Program Officer	51,701
	Area Director	11,464
	Regional Medical Advisor	3,273
	Med. Technologies Advisor	14,430
	<b>B. Direct administrative support</b>	
	Administrative assistant	26,402
	Finance officer	1,677
	Travel coordinator	1,934
	<b>C. Benefits (36.5% of salaries)</b>	<b>40,471</b>
	<b>Subtotal</b>	<b>151,352</b>

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<b>III</b>	<b>TA:</b>	<b>Short-term consultants</b>	
		Counseling TA (training; curric dev)	6,375
		Supply mgmt/Cost recovery TA	4,200
		IEC development TA	5,250
		Infection Prevention TA	2,000
		Additional TA per MOH's needs	4,305
		<b>Subtotal</b>	<b>22,130</b>
<b>IV.</b>		<b>Travel</b>	
		Airfare R/T	52,776
		Visas and miscellaneous	733
		To/From Airport	1,026
		Per Diem (based on 12 days/trip)	32,193
		Local Transport (12 days/trip)	1,407
		<b>Subtotal</b>	<b>88,136</b>
<b>V.</b>		<b>Other Direct Costs</b>	
		Space (calculated at 15.5% of salaries)	23,460
		Printing & photocopying	378
		Communications (phone/fax)	2,702
		Postage & DHL	1,892
		Office supplies	378
		SOS/Medevac	2,572

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	<b>Subtotal</b>		<b>31,382</b>
	<b>TOTAL FOR USAID FUNDING</b>		<b>400,000</b>

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## **TERME DE REFERENCE**

### **STRATEGIE POUR L'INTRODUCTION DU NORPLANT AU MALI**

**- AVSC -**

**DUREE DU PROJET: 1 JANVIER 1993 - 31 DECEMBRE 1995**

Le but de ce buy-in pour est de fournir l'assistance technique de l'AVSC au Gouvernement du Mali pour son programme d'introduction de Norplant®, une méthode contraceptive réversible de longue durée.

Les fonds du buy-in couvriront l'achat de matériels et leur transport, l'assistance technique, un support de gestion, le voyage à l'étranger pour les agents de l'AVSC, et la gestion du programme et l'évaluation (phase intermédiaire et phase finale). Ce buy-in ne prend pas en compte les dépenses tels que les perdiem et les honoraires pour la formation et les visites médicales, le carburant, l'équipement pour la maintenance et la réparation, les fournitures et les outils fongibles. Ceux-ci seront directement achetés pour les Ministère de la Santé par les fonds prévus à cet effet par le Projet CHPS de l'USAID.

Ce terme de reference est un complément au terme de reference du Ministère de la Santé dans son souci de vulgariser méthode contraceptive chirurgicale par minilaparotomie sous anesthésie locale. L'AVSC signera avec le Ministère de la Santé, un sous-contrat qui décrit les activités pour l'introduction du minilap et du Norplant®.

La Division Santé Familiale et Communautaire (DSFC) du Ministère de Santé sera chargé de la gestion du projet pour l'introduction du Norplant® au Mali. La DSFC aura pour tache principale l'exécution des activités définies par la Stratégie pour l'Introduction du Norplant® au Mali. L'AVSC coordonne toutes ces activités en collaboration avec la DSFC. L'AVSC travaillera également avec le Projet Santé Population et Hydraulique Rurale (PSPHR) du Ministère, qui a entière responsabilité de gestion administrative et financière sur toutes les activités du projet.

Les principaux rôles et responsabilités de l'AVSC pour l'introduction du Norplant® sous ce buy-in sont spécifiés comme suit:

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A) **Description de Stratégie et Planification du Programme:**

L'AVSC, en collaboration avec JHPIEGO et le FHI fournira une assistance technique au Ministère de la Santé, de la Solidarité et des Personnes Agées (MSPSPA) en matière d'élaboration de stratégie. Cette activité nécessitera également le concours du Projet CHPS dans l'élaboration de budgets pour les dépenses locales que pourrait engendrer l'introduction du Norplant®.

Pour permettre aux autorités nationales de s'assurer du démarrage effectif du programme Norplant®, l'AVSC envisagera les possibilités de participation des responsables du Ministère de Santé à une formation. Cette formation leur permettra d'avoir des expériences en matière de collaboration avec d'autres pays Africains ayant adopté le projet-- les problèmes rencontrés et les résultats obtenus.

B) **Préparation des sites/fourniture d'équipements:**

L'AVSC procédera, en collaboration avec le personnel DSFC, à l'évaluation des équipements existants et les besoins de rénovation des sites cinq sites retenus pour programme Norplant®. Pour s'assurer que chaque site possède l'équipement adéquat pour fournir le Norplant® dans des conditions standards acceptables de l'asepsie ainsi que de la qualité médicale, l'AVSC fournira l'équipement essentiel.

C) **Formation en Technique de Counseling en matière de Planification Familiale:**

Le succès de l'introduction du Noplant® dépend en grande partie d'un bon counseling de pré-insertion en vue d'informer les clientes des effets secondaires fréquemment rencontrés et du counseling post-insertion selon les besoins des clientes. L'AVSC fournit de l'assistance technique à la DSFC pour la formation de sages-femmes en matière de techniques de counseling dans les sites du programme Norplant®. La formation en counseling se rapporte aux nouvelles méthodes d'information (toutes les méthodes), des techniques de communication interpersonnelle qui s'applique à toutes les méthodes y compris celle du Norplant®. La stratégie d'introduction du Norplant® nécessite quatre sessions de formations de ce genre.

La DSFC choisira quatre formateurs maliens pour organiser et assurer la formation. L'AVSC élaborera le programme de formation en counseling avant la première session, et enverra un consultant spécialisé dans l'utilisation et l'adoption du programme. Deux employés de centres, plus la directrice de la DSFC assisteront à la session de formation (au total 11 participants). Le consultant AVSC servira de personne ressource et de facilitateur de formation aux formateurs maliens. Le consultant travaillera avec l'équipe malienne avant la session de formation en vue de renforcer la connaissance en techniques de formation, de préparer l'atelier et d'adopter le programme.

L'AVSC fournira toute assistance technique jugée utile pour la mise en oeuvre des trois autres sessions de formation qui sont programmées dans la Phase Préliminaire. Les autres sessions de formation seront organisées, programmées et exécutées par la DSFC ou ses ayants-droit. Près de 30 employés du Ministère de la Santé et d'autres centres désignés qui pratiquent le counseling prendront part à ces sessions de formation. Ces sessions de formations dureront trois jours au lieu de cinq dans la mesure où le niveau de counseling exigé à ces agents sanitaires est moins intensif que celui fait par les agents qui s'occupent du counseling au niveau des sites.

La session de formation des cinq jours initialement arrêtés se tiendra avant Août 1993. D'autres sessions de formation auront lieu durant la phase d'introduction.

**D) Etablissement d'un système de Logistique:**

Un système assez souple qui permet aux sites tomber en manque de stocks de matériels s'avère nécessaire pour le bon fonctionnement du programme d'introduction du Norplant®. L'AVSC fournira l'assistance technique à la DSFC pour l'aider à développer une stratégie pour l'achat et la distribution continue du matériel ainsi que le Norplant®. L'AVSC aidera la DSFC à élaborer un système de recouvrement des frais par des taxes des services exécutés. Dans la mesure où un système fiable et durable est nécessaire le Norplant® et le VSC/minilap, cette activité sera intégrée dans le programme minilap.

**E) Information, Education et Communication:**

L'introduction du Norplant® exige l'acquisition de documents éducatifs par les agents sanitaires et les clientes potentielles. Des matériels éducatifs culturellement appropriés que utilisation dans les cliniques sera adoptés ou élaborés par le Centre National d'Information et de Communication (CNIC) du Ministère de la Santé.

Suite à la première fourniture de matériel pour le programme de Norplant®, l'AVSC fournira à la DSFC une gamme de matériels d'information et d'éducation pour son utilisation personnelle et pour celle des centres pilotes. Ce matériel comprendra des documents et des aides visuelles.

Pour faciliter la production de matériel IEC, l'AVSC fournira un consultant IEC qui a de l'expérience en matière de Norplant® qui travaillera avec les agents du Centre National d'Information, d'Education et de Communication. L'AVSC fournira également aux clientes retenues des brochures sur le minilap et le Norplant® qui peut servir de prototype et un point de départ à la version malienne.

L'AVSC travaillera avec le Représentant de SOMARC au Mali pour trouver des voies de collaboration dans la commercialisation IEC du Norplant®. L'AVSC, en collaboration avec le SOMARC, cherchera des opportunités de faire adopter l'introduction du Norplant® dans le secteur privé. Les deux agences sont naturellement des partenaires dans la mesure où l'AVSC est un sous-contractuel du projet SOMARC III.

**F) Documentation:**

L'AVSC fournira son assistance technique au Ministère si besoin est pour modifier ou de remplacer les formulaires de documentation en prenant en compte les catégories d'information spécifiquement nécessaires au contrôle des clientes du Norplant®. Ces formulaires comprennent les fiche individuel F de chaque cliente et les registres mensuels que chaque site a à sa disposition.

Le formulaire F actuel sera modifié de manière à ce beaucoup d'autres informations puissent être enregistrées: le nom de la clinique où le Norplant® a été implanté; la date d'insertion; la date de retrait après les cinq mois post-insertion; la date de retrait. Comme mesure temporaire, la DSFC peut confectionner un tampon (cachet) que l'on peut appliquer sur le dossier et sur la carte de visite de la cliente pour qu'elle ait un rapport complet sur l'insertion du Norplant®.

**G) Contrôle de Qualité:**

L'AVSC en collaboration avec JHPIEGO, aidera la DSFC à développer et à utiliser les formulaires pour la collecte de données de contrôle de qualité. Ce formulaire qui est différent du registre de clinique servira de moyen de contrôle de qualité. Les informations à enregistrées comprendront: nouvelles clientes, les clientes qui continuent l'utilisation du Norplant®, les dates de retrait précoces, les complications, etc... Ces statistiques de contrôle permettront à la DSFC et les fournisseurs de Norplant® des cinq centres d'échanger des informations techniques et programmatiques, présenter des statistiques du centre, et de discuter le progrès, les problèmes et les moyens d'améliorer la qualité des service de distribution du programme.

L'AVSC effectuera des visites médicales et programmatiques périodiques dans les sites d'implantation du Norplant® en vue d'évaluer la qualité du service, se renseigner au près du personnel de la clinique de la qualité des services et leur aider à trouver des solutions. Ces visites de sites de l'AVSC seront organisées et coordonnées conjointement avec la DSFC.

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L'AVSC travaillera avec la DSFC et principalement avec le coordinateur national pour la contraception permanente et à long terme pour l'aider à avoir les compétences nécessaires pour le contrôle de qualité du programme national pendant son évolution. Le contrôle de qualité englobe à la fois les aspects médicaux et paramédicaux des service de distribution. L'Assistance technique pour le contrôle de qualité médicale exige la maîtrise des connaissances techniques de prévention des infections en vue protéger les cliniciens et les clientes contre les accidents d'infection.

Pour augmenter l'efficacité du programme, l'AVSC, dans la mesure du possible organisera ses activités de contrôle et ses visites techniques de manière à ce que le visiteur atteigne les objectifs des programmes du minlap et du Norplant®.

De plus, l'AVSC gardera le contact avec JHPIEGO et FHI pour s'assurer que chacune des trois agences s'intéresse et soutient les efforts de l'autre.

#### **H. Evaluation:**

Six mois approximativement avant la fin du projet, il est entendu que la DSFC fasse une révision de la phase d'introduction. L'AVSC travaillera avec la DSFC et les autres agences en vue d'élaborer un plan de révision et d'identifier un spécialiste qui fera partie de l'équipe d'évaluation.

#### **RESULTATS DU PROJET:**

##### **La Formations:**

4 sessions de formations sur le counseling

Un total de 42 agents formés en counseling

Un programme de counseling pour le Mali calqué sur le prototype AVSC sera utilisé et adopté

##### **Services:**

Environ 3000 femmes bénéficieront des services Norplant pendant la durée de vie du projet.

##### **Information et Education:**

Des documents culturellement adaptés seront élaborés (livrets et pagivoltes).

Des documents et du matériel audiovisuel sur le Norplant® seront fournis dans tous les centres.

**Assistance Technique:**

**14 visites techniques seront prévus dans le document de buy-in:**

**Six visites de contrôle programmatique (le Directeur du Projet)**

**Trois visites pour le contrôle de qualité médicale et la prévention de l'infection (conseiller médical).**

**Une visite pour la formation en technique de counseling.**

**Une à deux visites pour l'élaboration de document IEC.**

**Une à deux visites pour contrôler le recouvrement de fonds.**

**Une visite pour participer à l'évaluation finale de l'introduction du Norplant® par la DSFC.**

**Formation pour deux officiels nationaux.**

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<b>BUDGET</b>		
<b>PROGRAMME POUR L'INTRODUCTION DU NORPLANT:</b>		
<b>ASSOCIATION POUR LA CONTRACEPTION CHIRURGICALE</b>		
<b>I.</b>	<b>Sous-contrat (Subventions à d'autres)</b>	
	DFH, MOH (MLI-02) Norplant portion	55,000
	Petites subventions (TBD)	35,000
	Formation	17,000
	<b>Sous-total</b>	<b>107,000</b>
<b>II.</b>	<b>Personne-jours (salaires &amp; taux)</b>	
	<b>A. Assistance Technique &amp; Gestion</b>	
	Directeur Général du Projet	51,701
	Directeur du centre	11,464
	Conseiller Medical Régional	3,273
	Conseiller en Technologies Med.	14,430
	<b>B. Soutien administrative direct</b>	
	Assistant Administratif	26,402
	Comptable	1,677
	Coordinateur de voyage	1,934
	<b>C. Benefices (36.5% des salaires)</b>	<b>40,471</b>

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BEST AVAILABLE DOCUMENT

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<b>BUDGET</b>		
<b>PROGRAMME POUR L'INTRODUCTION DU NORPLANT:</b>		
<b>ASSOCIATION POUR LA CONTRACEPTION CHIRURGICALE</b>		
	<b>Sous-total</b>	<b>151,352</b>
<b>III</b>	<b>AT: Visites à durée - consultants</b>	
	AT en Counseling (formation; élaboration de programme)	6,375
	Gestion materiel/AT recouvrement coûts	4,200
	AT Elaboration IEC	5,250
	AT Prévention Infection	2,000
	AT Additionnelle selon besoins Min.Santé	4,305
	<b>Sous-total</b>	<b>22,130</b>
<b>IV.</b>	<b>Voyage</b>	
	Billets Avion A/R	52,776
	Visas et divers	733
	De/A Aéroport	1,026
	Per Diem (basé sur 12 jours/voyage)	32,193
	Transport Local (12 jrs/voyage)	1,407
	<b>Sous-total</b>	<b>88,136</b>
<b>V.</b>	<b>Autres Coûts Directs</b>	

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<b>BUDGET</b>		
<b>PROGRAMME POUR L'INTRODUCTION DU NORPLANT:</b>		
<b>ASSOCIATION POUR LA CONTRACEPTION CHIRURGICALE</b>		
	Office (calculé sur la base 15.5% des salaires)	23,460
	Impression & photocopie	378
	Communications (telephone/fax)	2,702
	Charges postaux & DHL	1,892
	Materiels bureau	378
	SOS/Medevac	2,572
	<b>Sous-total</b>	<b>31,382</b>
	<b>TOTAL FONDS USAID</b>	<b>400,000</b>