

UNITED STATES GOVERNMENT

Memorandum

TO : AA/PHA, Mrs. Harriett S. Crowley

DATE: August 22, 1975

FROM : PHA/PRS, Dave McMakin

SUBJECT: Family Planning International Assistance PROP

Issue: Your clearance is requested to the accompanying FPIA PROP which proposes two years of continued funding, FY 1976 and FY 1977, at a level of \$5 million annually. Because the proposed level of funding exceeds \$2,000,000 the PROP will require Administrator approval. A PIO/T for \$3.5 million awaits PROP approval. This lower funding level corresponds to our FY 1976 Congressional Presentation figure and will, subject to funds availability, be supplemented with an additional \$1.150 million (on the CP shelf) to meet full FPIA operational requirements.

Discussion: The PROP is satisfactory in both format and content and properly addresses Helms and Percy amendment considerations. A recent evaluation of the project by the Institute of Human Reproduction at Columbia University praised FPIA's achievements in all sectors and strongly recommended its continued funding by AID.

A draft PROP was circulated for comment/clearance among appropriate staff offices and a summary review was held to dispose of any lingering issues. The PROP has been cleared by all relevant offices to this point. There are no other outstanding issues.

Recommendation: That you clear the FPIA PROP at the higher level involving an increase above CP if funds are available.

Approve _____

*PROP signed
and memo cleared*

Disapprove _____

Date _____

8/26/75

Drafted by: PHA/PRS: JChampagne:sd

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5010-110

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

ACTION MEMORANDUM FOR THE ADMINISTRATOR

THRU: ES

FROM: AA/PPC, Mr.  Phillip Birnbaum

SUBJECT: Family Planning International Assistance

Problem: Because the total planned A.I.D. dollar funding for this project exceeds \$2 million over the life of the project, your signature is required on the attached project authorization.

Discussion: The purpose of this project is to enable Family Planning International Assistance (FPIA), the international division of Planned Parenthood Federation of America, Inc., to continue to provide financial, technical and commodity assistance for the support of family planning activities, particularly to church-related and other private voluntary LDC organizations.

As of June 30, 1975 \$13.5 million has been provided FPIA under grant AID/csd-3289, effective since June, 1971. The attached PROP authorizes funding to continue our support to FPIA for the next two years, FY 1976 and FY 1977. A PIO/T is currently in preparation to authorize the obligation of \$3.5 million to FPIA, to continue our financial support which terminated under the current grant on August 31, 1975. In addition, \$2 million in centrally-funded oral contraceptives and condoms will be provided in-kind. Their total, \$5.5 million, is in the 1976 C.P. (See p. 133, Interregional Programs). Our FY 1976 budget request to Congress represents a \$1 million reduction from last year's FPIA operating budget. In view of the superior past performance and worthy sub-project proposals, we plan to consider a subsequent supplemental obligation if additional funds for population become available. Any amount which exceeds \$3.5 million will, of course, require Administrator approval and a formal notification to Congress.

The role of nongovernmental organizations is crucial, if A.I.D. is to be successful in its goal of reducing excess fertility in the LDC's and making available the information and means to enable couples and individuals to choose freely and responsibly the number and spacing of their children. The Planned Parenthood Federation of America has a long history of family planning assistance in the U.S. and four successful years of international experience. As such, it represents an outstanding resource for assisting the nongovernmental (and occasionally governmental) organizations in developing viable population/family planning programs, as a supplement to A.I.D. bilateral efforts. FPIA was recently evaluated by the International Institute of Human Reproduction at Columbia University, which concluded very favorably on FPIA's work and on the achievement of its grant objectives, especially the objective

of selecting and supporting projects which are innovative and will serve as models for regional or national family planning programs. The evaluation strongly recommended our continuing support.

The PROP has been reviewed and cleared by all A.I.D. offices concerned.

Recommendation: It is recommended that you sign the attached project authorization.

Attachments:
Noncapital Project Paper
Appendices

Approved: _____

Disapproved: _____

Date: _____

Clearances: AA/PHA, H.S.Crowley HSC
GC, C. Gladson C. Gladson

I. PROJECT IDENTIFICATION

1. PROJECT TITLE Planned Parenthood Federation of America, Inc. - Family Planning International Assistance		APPENDIX ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. RECIPIENT (specify) <input type="checkbox"/> COUNTRY _____ <input type="checkbox"/> REGIONAL _____ <input checked="" type="checkbox"/> INTERREGIONAL <u>Worldwide</u>		2. PROJECT NO. (M.O. 1095.2)
4. LIFE OF PROJECT BEGINS FY <u>71</u> ENDS FY <u>78</u>		5. SUBMISSION <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> REV. NO. <u>8/7/75</u> DATE CONTR./PASA NO. _____

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

A. FUNDING BY FISCAL YEAR	B. TOTAL \$ (000)	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US _____ (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT (B) BUDGET	
1. PRIOR THRU ACTUAL FY	13,500	1,763	1,095			1,889	9,601	247				
2. OPRN FY 76	3,500	771	420			680	2,034	15				
3. BUDGET FY 77	5,000	788	422			680	3,517	15				
4. BUDGET +1 FY												
5. BUDGET +2 FY												
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	22,000	3,322				3,249	15,152	277				

9. OTHER DONOR CONTRIBUTIONS		
(A) NAME OF DONOR N/A	(B) KIND OF GOODS/SERVICES N/A	(C) AMOUNT N/A

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER PHA/POP/FPSD, Anne Tinker AT	TITLE Project Manager	DATE 8/7/75
2. CLEARANCE OFFICER PHA/POP/FPSD, E.K. MacManus/H.A. Pedersen	TITLE Branch Chief/Chief, FPSD	DATE

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL Administrator approval and formal notification to Congress will be required if the FY 1976 grant level exceeds \$3.5 million.
In addition, oral contraceptives and condoms will be provided through in-kind central funding, up to a dollar amount of \$2 million in FY 76 and \$3 million in FY 77.

PHA/POP/IEC, G. Davis(draft)
PHA/POP/LA, C. Johnson(draft)
PHA/POP/EA, C. Terry(draft)
PHA/POP/WA, R. Grant(draft)
PHA/POP/AFR, C. Miracle(draft)

2. CLEARANCES					
BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
PHA/POP	G. Gilmore <i>YGK</i>		GC/TFHA	A.R. Richstein(draft)	
PHA/POP	R.T. Ravenholt <i>RTP/100B</i>		GC	C. Gladson	
LA/DR	C.B. Weinberg <i>W</i>		PPC/DPRE	J. Welty (draft) <i>8/22/75</i>	
AFR/DP	R. Huesmann(draft)	8/21/75	AA/PPC	P. Birnbaum	
EA/DP	W. Lefes(draft)		PHA/PRS	J. Champagne(draft)	
NESA/DP	E. Correll(draft)		PHA/PRS,	D. McMakin <i>8/22/75</i>	
3. APPROVAL AAS OR OFFICE DIRECTORS			4. APPROVAL A/AID (See M.O. 1025 VI C)		
SIGNATURE Harriett S. Crowley	DATE 8/26/75		SIGNATURE <i>John E. Murphy</i>	DATE 9/23/75	
TITLE AA/PHA			ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT		

A. The Project Goal

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1. Goal Statement

This project is aimed at the rapid reduction of excess fertility and population growth rates in less developed countries through the initiation, continuation and expansion of family planning programs, in concert with the governments and private organizations of LDC's.

Implicit in this goal is the concept that voluntary family planning programs provide individual couples with the knowledge and means to plan their family size in accordance with their own needs, convictions and the latest medical information. This in turn contributes substantially to the improvement of health, family stability, greater individual opportunities, economic development, a sufficiency of food, and a higher standard of living. By providing family planning commodities, financial and/or technical assistance to agencies/institutions in support of family planning activities in less developed countries, innovative family planning programs can be initiated and developed to the point where they become mature, ongoing programs and contribute to fertility reduction.

2. Measurement of Goal Achievement

In general terms, the goal will be attained when excessively high birth rates in developing countries are reduced to levels in keeping with the ability of parents, their communities and society to provide for basic human needs.

Progress towards this goal can be measured from the following indices:

a. Increased numbers of total, new and continuing family planning users as measured through timely and reliable family planning program data (Project and clinic performance records), as available or as collected and analyzed through grantee assistance when necessary.

b. Declining fertility and population growth rates where these can be calculated from vital statistics, census data, or other

demographic measures.

c. Social indicators such as increased awareness and knowledge of family planning and attitudinal changes towards limiting fertility and towards the desirability of smaller families measured through surveys and/or other evaluative techniques.

d. Integration of population/family planning concepts and programs into all relevant governmental functions -- planning, education, health, labor, development, environment, etc.

e. Increased family planning program activity as measured through number of projects, clinics, trained personnel, etc.

3. Basic Assumptions of Goal Achievement

Implicit in this goal are the following assumptions:

a. Family planning is a basic human right and prevention of unwanted fertility is a reasonable and humane objective.

b. Excessive population growth has a negative impact on social and economic development. Availability of family planning programs will result in a decline in fertility and, in turn, a reduction in population growth. This will benefit individuals, families, communities and society in general.

c. The concerted efforts of both the public and private sectors will help to achieve this goal.

d. It is important to use present resources and present technology to reduce excess fertility, pending availability of better resources.

e. While external resources can materially assist family planning programs, there must be genuinely-indigenous sponsorship, management, and operation. Involvement of women in the design, implementation and evaluation of family planning programs is especially important.

f. Family Planning International Assistance (FPIA), the International

Division of the Planned Parenthood Federation of America, a demonstrated capacity to provide family planning commodities, financial and technical assistance. Through its medical, communications, management and other technical services, it can provide an efficient and effective instrument to help citizens of less developed nations control their fertility through the initiation and development of innovative, worthwhile and cost effective family planning activities.

B. The Project

1. Statement of Purpose

The purpose of this project is to institutionalize family planning with private, voluntary and/or charitable organizations which are in the forefront of social change and innovative programming, through existing networks of medical, social, and welfare related facilities and staff of nongovernmental and governmental organizations and institutions in developing countries. Special emphasis will be placed on nongovernmental, including church-related agencies, as instruments to promote support for and actually initiate and maintain family planning services. Assistance and interim support is to be provided by FPIA to promote wider adoption of family planning practices, extend knowledge leading to acceptance of family planning practices and services, develop resources, and improve management of local organizations/institutions in their delivery of P/FP services as appropriate through medical, MCH, social action, commercial and/or other innovative delivery systems. Such assistance and support will consist of provision of: (a) contraceptives, related family planning supplies and equipment, financial support and technical assistance; (b) information, education and communication resources; and (c) training resources.

2. Conditions Expected at the End of the Project

a. Efficient and effective delivery of family planning services, trained manpower, and implementation and evaluation capability institutionalized in FPIA family planning programs.

b. The organizations/institutions receiving assistance

will be assuming increased leadership and financial responsibility for their P/FP projects including the planning, conduct and evaluation of related support activities such as information/education/communication (IEC) and training.

c. Evidence affirming that voluntary organizations are in the forefront of social change and serve as an innovative force in family planning.

d. A continuing role of FPIA determined in innovative program experimentation to identify new or improved ways to deliver services, deploy personnel more efficiently, reduce costs, etc.

3. Basic Project Assumptions

a. Provision of selective and limited commodities, financial and/or technical assistance will act as a stimulus to the increased spread of family planning awareness and knowledge, the development of family planning leadership and infrastructures, and an ever increasing availability of efficient and effective service programs.

b. Hospitals, public health centers, clinics, schools and social action/improvement programs which are developed and maintained by nongovernmental organizations are highly qualified to provide, improve, and expand family planning services. Since these organizations are in the forefront of social change, they can innovate, reach decisions and act quickly, and accept foreign assistance to extend family planning services where the governmental sector is more constrained.

c. Private, voluntary and/or charitable organizations, by virtue of their independence from government programs, are able to institute effective evaluation of their programs. Such organizations are able to provide critical important data for program improvement and can assume a leading role in promoting the utilization of evaluation in the improvement of program operations.

d. FPIA through its subgrantees will not duplicate activities of other organizations or of governments, but will supplement and complement such activities as required, through constant communication and consultation.

C. Projects Output

1. Kinds of Outputs

A well-staffed and fully utilized central headquarters operation, and four regional offices, capable of providing efficient and effective assistance to organizations/institutions in support of family planning activities in less developed countries-- e.g., management, financial, commodities, medical, IEC, training and evaluation.

2. Family planning commodities distributed to men and women through institutions/agencies in 60-80 LDC's.

3. Contraceptive service projects provided through technical and financial assistance in 20 - 30 LDC's.

4. Information, education, communication projects to

1. Magnitude of Outputs

(Indicators)

Effectiveness of FRIA headquarter and regional offices as determined by requests for services, performance reports measured against grant objectives, independent evaluations and other indices.

2. By 8/31/77, at least one million women years of protection through provision of at least 6.5 million cycles of oral contraceptives, 600,000 gross of condoms, as well as \$1,000,000 worth of other contraceptives and related family planning supplies and equipment.

3. By 8/31/77, funding of about 30 service projects serving 300,000 contraceptive users.

4. By 8/31/77, funding of about 12 IEC projects distributing

increase knowled and awareness
of family planning in 10-15 LDC's.

400,000 pamphlets, airing 4 00
radio programs, counseling
75,000 individuals, conducting
750 workshops, talks and/or
group discussions for 150,000
participants, distribution of
30,000 posters, etc.

5. Training projects and related
training activities for
physicians and paraprofes-
sionals in 5-10 LDC's.

5. By 8/31/77, funding of about
2 projects and the training
of 100 physicians and 300
paraprofessionals.

6. Women increasingly involved
in the design, implementa-
tion and evaluation of family
planning programs.

6. By 8/31/77, funding of 10
projects through women's organi-
zations.

7. Management and program-related
technical assistance provided
to LDC projects.

7. By 8/31/77, 2,000 person/days
of Grantee staff and consultant
medical, IEC and evaluation
technical assistance through
field visits and review of pro-
ject operations and commodity
distribution.

3. Basic Output Assumptions

- a. Sufficient funds to support activities will be available.
- b. Management procedures/controls can be improved and streamlined to provide FPIA with additional flexibility and effectiveness.
- c. FPIA's project review process will continue selection of projects with greatest potential for success.

d. An initial climate of acceptance in LDC's will permit introduction and/or expansion of P/FP services, fostered and strengthened by IEC and training support.

e. As the nongovernmental organizations expand family planning awareness, knowledge and services among their clientele, individual and community support based on benefits which can accrue from smaller completed family size will contribute materially to expanded activities in the LDC's.

D. Project Inputs

	9/1/75-8/31/76	9/1/76-8/31/77	Totals
<u>1. U.S. Inputs</u>			
PPFA Costs			
Salaries	\$ 578,000	\$ 594,000	\$1,172,000
Frings Benefits	58,000	59,000	117,000
Consultants	15,000	15,000	30,000
Travel	135,000	135,000	270,000
Other Direct Costs	305,000	305,000	610,000
	<u>\$1,091,000</u>	<u>\$1,108,000</u>	<u>\$2,199,000</u>
LDC Projects			
Subgrants/Subcon- tracts	\$1,158,000	\$2,337,000	\$3,495,000
Commodities			
Contraceptives (Oral and Condoms)	*	*	*
Equipment, Sup- plies and Other Commodities**	500,000	500,000	1,000,000
Freight	180,000	180,000	360,000
Sub-Total LDC	<u>\$1,838,000</u>	<u>\$3,017,000</u>	<u>\$4,855,000</u>
Total Direct Costs	\$2,929,000	\$4,125,000	\$7,054,000
Indirect Costs @25.4%***	571,000	875,000	1,446,000
	<u>\$3,500,000</u>	<u>\$5,000,000</u>	<u>\$8,500,000</u>

* To be supplied in-kind as follows:
Oral contraceptives and condoms up to a dollar amount of \$2,000,000 in FY 76 and \$3 million in FY 77.

** Distributed as follows: 85% for other contraceptives, medical kits, family planning related equipment and supplies; 15% for information, education, communication and training equipment, materials and supplies.

*** Calculated on all direct costs except commodities and freight.

2. Host Country Inputs

Inputs from host country agencies will vary widely from country to country and project to project, but will include partial project funding; in-kind commodities and other project-related supplies and equipment; donated clinic, education and/or office space; contributed personnel costs and technical expertise; and the basis administrative infrastructure, overhead costs, intangible good will and reputation of participating agencies/institutions. Indigenous organizations and governments will be expected to contribute increasing resources to FPIA developed projects, ultimately to assume their total support.

3. Other Inputs

By 8/31/77, it is anticipated that the Planned Parenthood Federation of America will have allocated approximately \$100,000 and Church World Service will have allocated approximately \$20,000 for direct program costs incurred by FPIA. Additional amounts of private funding of currently undetermined amounts will also have been contributed in support of specific FPIA-related project activities in the less developed countries.

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4. Basic Input Assumptions

a. FPIA will continue to successfully assist organizations/institutions in the LDCs to initiate, continue and expand appropriate and effective P/FP activities.

b. The financing of FPIA population and family planning assistance to nongovernmental and governmental organizations/institutions in the LDCs — e.g., commodities including contraceptives, related family planning supplies and equipment, P/FP program expansion, technical assistance and IEC and training support activities — will increasingly come from indigenous sources.

c. Nongovernmental, including church-related, organizations which provide medical, educational, housing and other social development services in the LDCs constitute a significant resource which can provide population and family planning services, and IEC and training support for expansion of voluntary adoption of family planning practices.

d. As population/family planning services become an accepted and/or institutionally supported component of nongovernmental or governmental programs, this FPIA project will be reduced in size and/or its scope and purpose will be modified.

e. FPIA relies upon the availability of the A.I.D. contribution each year. Therefore, timely obligation of funds is crucial.

f. Contraceptives in-kind will continue to be available in sufficient quantity.

E. Rationale

Support of population/family planning programs to reduce excess fertility in the LDCs is a major A.I.D. commitment. Nongovernmental organizations in the LDCs afford an important aid to introducing, expanding the use and extending the acceptability of modern developments of limiting family size. The

Planned Parenthood Federation of America (PPFA) has a long history of family planning assistance in the United States and about four successful years of international experience. As such, PPFA represents an outstanding resource for assisting the nongovernmental (and, occasionally, governmental) organizations in developing viable population/family planning programs without direct support from A.I.D.

By its contribution of funds, A.I.D. has made it possible for PPFA to establish an international program division, Family Planning International Assistance (FPIA), to assemble a staff of specialists capable of providing technical assistance, commodity distribution and program development assistance to organizations such as church-related hospitals and clinics, women's organizations and governmental or government-related population/family planning efforts. Over 1,500 church-related medical facilities in over 60 countries have been canvassed to determine their needs for conventional contraceptives, medical kits, supplies and equipment and educational materials which will contribute to the acceptance and expansion of family planning services. In those countries where the political and social climate permits active and expanding P/FP programs, FPIA assists programs through training, management improvement, commodity support, technical assistance, IEC materials, and financial support.

FPIA supported P/FP activities have immediate impact on extending knowledge and bringing an awareness of the problems of excess fertility to country leaders. Other attributes of FPIA supported activities in the worldwide movement to extend P/FP programs are:

1. Their private status and broad flexibility and speed with which programs can be activated, freedom from government constraint and fully voluntary programs.
2. Their relationship to church organizations (e.g., Church World Service).

F. Course of Action

1. Implementation Plan

This PROP provides for the continuation of activities started in FY 72, a summary of which can be found in Appendix A. During the next two years, FPIA plans to: distribute family planning commodities to men and women through institutions in 60-80 LDCs, provide technical and financial assistance to some 40 service projects, 15 information/education projects, 2 training projects and 10 women's organization projects. FPIA will review and submit proposals to A.I.D. for our technical and regional concurrence, as described below.

The Grantee will establish systems and procedures to identify, develop and implement project activities in support of family planning programs in the less developed countries in accordance with A.I.D. objectives and priorities. Investigation of project possibilities and preparation of project proposals and supporting information will be the Grantee's responsibility as will the establishment of a system of basic criteria and priorities for use in selection of those projects which will receive project grant (sub-grant) and related commodity and technical assistance under the Grant.

To be eligible for financial assistance under the Grant, projects must be described in a written proposal which as a minimum shall contain the following information:

1. Project title, name of agency implementing project,
name of person responsible for implementing project.
2. Specific goals and objectives of the project.
3. Project workplan.
4. Project evaluation plan.
5. Project budget.
6. Anticipated life of project.

From time to time AID may suggest project activities which may be appropriate for implementation under the Grant. It is understood that all such suggested activities are subject to further review and acceptance or rejection by AID and/or the Grantee. Proposals to implement such activities as are acceptable will be submitted to the Project Manager in accordance with FPIA's criteria and procedures.

All project activities receiving financial assistance under the Grant must be in conformance with the terms and conditions of the Grant. Further, each project proposal must meet at least one of the following four criteria.

1. The project will initiate, continue or expand family planning service delivery in a developing country or countries.
2. The project will initiate, continue or expand information, education and communications activities in support of family planning/
3. The project will expand and/or upgrade technical, managerial and/or service delivery skills through training or orientation programs, conferences, seminars or workshops.

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4. The project will result in the development of new techniques and/or methodologies and approaches with prospective application to other family planning programs.

Any project with a budget exceeding \$5,000 per year must have the written concurrence of AID prior to final approval and implementation by the Grantee. Project proposals must be submitted at least 90 days prior to anticipated funding, so that the Project Manager can obtain appropriate AID/W and field clearances. Up to 10 projects with a budget of \$5,000 or less per year may be approved for implementation by the Grantee without the prior written concurrence of AID, and AID will be kept fully informed of such projects as they are approved.

While most projects will be approved annually, for some priority projects with multiple year anticipated life, 2 year funding approval may be requested. After initial approval of these 2 year projects FPIA may approve the second year of project implementation subject to availability of funds and to performance of the project in the first year. Requests for AID concurrence in multiple year projects will state clearly the above.

FPIA will be responsible for the monitoring of all project grants approved and implemented under the Grant. This monitoring will include, but not necessarily be limited to, the following: project financial management, project management and technical assistance and project evaluation. FPIA

will provide such management and technical assistance as may be necessary for each project grant to achieve its purpose and objectives. Such assistance will normally be provided through the regular reporting and correspondence mechanisms described in each project grant agreement and through site visits by appropriate FPIA staff and/or consultants. Travel of FPIA headquarters staff must be approved in advance by the A.I.D. Project Manager, who must be notified of proposed travel at least one month in advance in order to obtain appropriate field clearance.

FPIA will prepare and submit to A.I.D. a composite report each program and year (due at the end of the ninth month) which will summarize program and financial activities under the Grant for all previous program years, detail current program year information and propose activities for the next program year. Twenty(20) copies of each report will be submitted to the A.I.D. Project Manager and one copy to the A.I.D. Grant Officer.

2. Evaluation Plan

Between October 1974 - February 1975, an evaluation of FPIA's work was conducted by the International Institute for the Study of Human Reproduction (IISHR) at Columbia University. IISHR was selected by AID/Washington to plan and carry out the evaluation, the major focus on which was project grants developed and supported by FPIA since its inception. Appendix B summarizes the evaluation findings, conclusions and recommendations.

The evaluator, on balance, reported favorably on FPIA's work and on the achievement of its stated objectives, particularly the objective of selecting and supporting projects which are innovative and will serve as models for regional or national family planning programs. The evaluation report stated that "the innovative and creative nature of many of the FPIA supported projects is a major strength of FPIA. This important objective is clearly being achieved..." The evaluators made useful recommendations for the continued improvement of FPIA's program operations which have been incorporated in the PROP and will be included in the Grant Agreement. A detailed discussion of how each of the forty recommendations made by the Columbia evaluators will be implemented is presented in Appendix B.

3. Women's Impact Statement

As a government contractor and grantee, the Planned Parenthood Federation of America and its international division, FPIA, have been and continue to be subject to Federal guidelines and regulations regarding equal opportunity employment and have been continually adjudged by the Chief Contract Compliance Officer, Office of the Administrator, AID, to be in full compliance with those guidelines and regulations. Of staff currently employed under this Grant, 31% of the professional staff are women. FPIA has a strong record of supporting LDC projects which recognize the key role of women in delivering family planning services and information. By the end of FPIA's current program year, 10 project grants or contracts will have been awarded to women's organizations in the total cumulative amount of \$285,000. During the next program

year, this activity is scheduled to increase significantly.

4. Abortion-Related Activities

This project is consistent with A.I.D. policies relative to abortion-related activities and with Section 114 of the Foreign Assistance Act of 1961, as amended. No funds made available under this project will be used for the procurement or distribution of equipment provided for the purpose of inducing abortions as a method of family planning; for information, education, training or communication programs that seek to promote abortion as a method of family planning; for payments to women in less developed countries to have abortions as a method of family planning; or for payments to persons to perform abortions or to solicit persons to undergo abortions.

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Program or Sector Goal: The broader objective to which this project contributes: Reduction of excessive fertility and population growth rates in less developed countries through initiation, continuation and expansion of family planning programs.

Measures of Goal Attainment: Timely and reliable family planning program data.

Project Purpose:
 Provision of the following to agencies/institutions in support of family planning activities in less developed countries:
 (1) Contraceptives, supplies and equipment, financial support and technical assistance;
 (2) information, education and communication resources; and
 (3) training resources.

Conditions that will indicate purpose has been achieved: End of project status.
 Increases in:
 (1) Amounts of commodities distributed;
 (2) number of total, new and continuing contraceptive;
 (3) Number of family planning projects;
 (4) Levels of awareness and knowledge re family planning;
 (5) quantity and quality of family planning program personnel.

Outputs:
 1. Distribution of family planning related commodities;
 2. Funding of contraceptive service projects;
 3. Funding of information, education and communication projects;
 4. Funding of training projects and related training activities;
 5. Provision of management and program-related technical assistance.

Magnitude of Outputs:
 1. At least 6.5 million cycles of oral contraceptives, 600,000 gross of condoms, and other contraceptives, and related family planning supplies and equipment with a value of \$1,000,000;
 2. Refunding of about 20 contraceptive service projects, and funding of 10 new projects;
 3. Refunding of about 8 IEC projects and funding of 4 new projects;
 4. Refunding of about 2 projects;
 5. 2,300 man/days of contractor staff and consultant provided technical assistance.

Inputs:
AID:

Salaries	
Fringe Benefits	
Consultants	
Travel	
Other Direct Costs	
Subtotal	
Subgrants	
Equipment, Supplies, Freight	
Indirect Costs @25.4%	
Total	

Implementation Target (Type and Quantity)

	FY76	FY77	Totals
Salaries	\$578,000	549,000	1,172,000
Fringe Benefits	58,000	59,000	117,000
Consultants	15,000	15,000	15,000
Travel	135,000	135,000	270,000
Other Direct Costs	305,000	305,000	610,000
Subtotal	1,091,000	1,108,000	2,199,000
Subgrants	1,158,000	2,337,000	3,495,000
Equipment, Supplies, Freight	680,000	680,000	1,360,000
Indirect Costs @25.4%	571,000	875,000	1,446,000
Total	3,500,000	5,000,000	8,500,000

Surveys, automated data system, evaluations, reports and publications.

Assumptions for achieving goal targets:
By providing commodity, financial and/or technical assistance to agencies/institution in less developed countries, innovative family planning programs can be initiated and developed to the point where they become mature ongoing programs and contribute to fertility reduction.

Contractor surveys, automated project information system, on-site evaluations, self-evaluation reports by sub-grantees, other data and reports.

Assumptions for achieving purpose:
Provision of limited commodity, financial and/or technical assistance will act as a stimulus to the development of family planning leadership, family planning infrastructures and efficient and effective service programs in less developed countries.

Contractor financial, commodity and program reports.

Assumptions for achieving outputs:

1. Sufficient funds to support activities will be available;
2. Management procedures/controls can be improved and streamlined to provide FPIA with additional flexibility and effectiveness;
3. Improvements in FPIA's project review process will lead to selection of projects with greatest potential for success.

- (1) FIO/T's
- (2) Evaluations
- (3) Financial & Program Reports
- (4) Vouchers
- (5) Travel Records

- (1) Contractor has demonstrated capacity to carry out work.
- (2) Contractor will be responsive to changing nature of PHE/POP needs.
- (3) Contractor will be able to hire necessary personnel in a timely manner.