

MEMORANDUM

DATE: May 28, 1971

TO : AA/TA, Mr. Samuel H. Butterfield  
THRU : AAA/TA/PM, Mr. Kenneth S. Lovick  
FROM : TA/PM, John H. Kean *JH Kean*  
SUBJECT: PROP - Development of Family Planning Programs of Church  
World Service and Other Charitable Organizations  
Proj.No.: 931-11-580-955

Summary

Under this PROP a three year grant, estimated at \$8,750,000 for FY 1971-73, would be made to the Planned Parenthood Federation of America, Inc. (PPFA) to develop and make more effective the family planning programs assisted by Church World Service (CWS) and other appropriate charitable organizations in developing countries world-wide, not covered by existing grant agreements. The objective is to make family planning services available to all persons reached by these organizations on a substantially increased scale while improving the effectiveness of such services. The project target is to double the current number of clinics providing family planning services and to increase the number of acceptors fourfold. To accomplish this objective, PPFA will work with CWS and other cooperating organizations providing needed overall management, technical standards and advisory services, training materials and training, contraceptives and other commodities for family planning clinics, and related motivational activities. PPFA will establish systems of program reporting and evaluation to assure sound and effective program administration.

The A.I.D. grant will supplement assistance (cash and kind) provided by the participating organizations from non-A.I.D. (primarily private) contributors and the local cooperating institutions. It is anticipated that outside support of the family planning programs supported and developed through this project could be necessary through the 1970's — another six years beyond the end of this project. To evaluate the progress and effectiveness of activities performed under this project and the volume and types of support required beyond the initial three year period, the project provides for periodic evaluations of headquarters and field activities by an outside team of experienced family planning administrators. The proposed project is an outgrowth of requests from CWS to help develop its Planned Parenthood Program (PPP). PPFA is the largest private family planning agency operating in the U.S. It has seven regional offices and operates 600 family planning clinics through 200 affiliates.

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Limited assistance in the form of contraceptives, medical instrument kits and audio-visual equipment has been provided to CWS-PPP by the Pathfinder Fund, financed since early 1968 by A.I.D. Title X funds. In 1970, the CWS-Planned Parenthood Program (CWS/PPP) totaled approximately \$1,250,000. Of this amount \$1,000,000 consisted of contraceptives, audio-visual and clinical equipment distributed in over 50 countries. The largest portions of the supplies were provided to India, Indonesia, Taiwan and the Philippines. Recent but incomplete reports indicate that CWS is providing health supplies to about 1,500 hospitals. Approximately 1350 of these hospitals are providing family planning information and services in some form. Of these 1350 hospitals roughly 400 are in India. These 400 hospitals will probably be assisted with respect to commodities under a grant of US-owned rupees to the Christian Medical Assn. of India (CMAI) and therefore are not expected to need AID-financed commodity assistance under this project.

#### Program Review Procedures

The PROP proposes that FY 1971 funding cover 13 months of operations beginning June 1, 1971. PFFA would continue the present CWS-PPP program for approximately 7 months utilizing present program request, procurement and distribution procedures. After this 7 month period PFFA would shift to new programming and implementation procedures. A detailed description is contained in the PROP (pages 12-19) of some of the present procedures followed by CWS and some of the suggested procedures which could be followed by PFFA. As stated on Page 11 of the PROP "Attention will be given on a continuing basis to improvement of the processes by which needs are determined and serviced throughout the programming - procurement - delivery - distribution system to assure their availability when and as needed to achieve the objectives of the project." These new procedures will be worked out jointly between PFFA, CWS and A.I.D. The statement is made at the top of page 15 of the PROP that: "Request for program assistance by this project will be tendered at the local level, and transmitted to CWS headquarters and the Project Management Group of PFFA for review and approval under the terms of this grant. Review and approval by AID/W and review by Missions/Embassies as appropriate will be provided for in a manner consistent with other grant agreements and/or as experience dictates." TA/POP recognizes that this statement does not make clear the manner in which review and approval will be handled, specifically the extent to which there will be greater flexibility as in the case of the IPPF grant or less flexibility as in the case of the Pathfinder Fund. This statement also does not make clear whether there will be flexible procedures for handling approval of grants and subgrants which could differ between regions. TA/POP stresses that these procedures should not be made more precise until agency policy is worked out covering standard terms for this type of program, e.g. Pathfinder Fund AID/csd 1870 and the Post-Partum project. We feel that this matter should be worked out by

TA/POP to the satisfaction of interested AID offices preferably no later than three months after the effective date of the grant. Some wording relating to procedural, program review and flexibility matters has been added on page 27 of the PROP and page 7 of the PIO/T.

During the first seven months, PPFA in cooperation with CWS, would develop the work plan for the final 6 months of the first (13 month) year program. The work plan would be submitted by November 30, 1971 for A.I.D. review and approval. The proposal as contained in the PROP (see Budget on page 28) is to provide funding in FY 1971 for the first year at \$2,000,000 and for the second year at \$3,000,000 or a total of \$5,000,000. Funding for the third year in the amount of \$3,750,000 would be provided in mid FY 1972. For the reasons presented below we recommend an alternative basis for funding various components of the project as noted on the Project Authorization - and revised budget attached to the Project Authorization.

Organization and Staffing

The organization of PPFA for project purposes as proposed in the PROP appears sound. Under the project Director and a Director of Project Development four full-time specialists would be working on: non-medical program development, medical program development, motivation and training materials, and training and manpower. Also under the top director the Director of project operations would have five full-time specialists working on: management and program information, fiscal matters, statistics, bookkeeping, general administration, and an administrative assistant. CWS would continue to finance the director of the CWS-Planned Parenthood Program, an assistant to the director, a secretary and extensive part-time support from CWS headquarters and overseas staff. The estimates of PPFA staff requirements for FY 1971-1973 are given below: (see pages 29-31 for detail)

Estimates of PPFA Staff Requirements

	<u>FY 1971</u>	<u>FY 1972</u>	<u>FY 1973</u>
<u>Full time</u>	<u>21</u>	<u>27</u>	<u>29</u>
Professional:	12	18	20
Clerical	9	9	9
<u>Part-time</u>	<u>13</u>	<u>13</u>	<u>13</u>
Professional	7	7	7
Clerical	6	6	6
Total	<u>34</u>	<u>40</u>	<u>42</u>

The part time professional staff of 7, would come from the permanent PPFA staff to take advantage of PPFA's experience in domestic U.S. family planning operations. They would provide advisory services and management support to the full-time PPFA project staff working 25% of

their time for the first 6 months of project operations and 10% thereafter. They would be specialists on information and education, financial management, planning and applied research, training and computer programming.

It is difficult to assess in this project the estimates of staff requirements in relation to anticipated workload. Several of the key elements involved in any assessment are the present and anticipated number of hospitals or similar units to be served, the volume and value of supplies to be provided to each unit, the type and quality of services to be provided, and of overall project management. Some estimates as to the number of units to be served are contained in the table below:

CWS/Planned Parenthood Program (CWS/PPP)-Estimates of  
Number of Hospital Units Served and Providing  
Family Planning Services

	<u>Previous 1963-1969 Estimate</u>	<u>Revised 1970 Estimate</u>
Number receiving medical supplies and providing Family Planning Services	600	1350
Number receiving supplies and providing <u>no</u> Family Planning Services	600	150
Total	<u>1200</u>	<u>1500</u>
Number of hospitals or other units in India receiving medical supplies and providing family planning services	400	400

CWS/PP Program in India and Effect on Proposed Program

The "previous estimate" figures are based according to TA/POP on a 1963 survey as modified by CWS in the last few years. The revised estimate data covers the late 1970 period and is based upon a survey which is not yet complete. In addition to the 400 hospitals or similar units in India receiving CWS/PPP health supplies and providing family planning services, the 1963 reports indicate there were other units (on the order of 60) operating in the overall NESAs region receiving some assistance from CWS/PPP. (We have not checked this rough estimate for more recent data). In India the CWS/PPP assistance has operated through hospitals and clinics affiliated with Christian Medical Association of India (CMAI). The NESAs Bureau states (see NESAs memos dated April 14 and 26) that the CMAI has applied to USAID/India

for rupee support and it expects that an agreement will be concluded shortly. It therefore believes that commodity requirements for the CMAI-affiliated hospitals and clinics in India can be met largely through these rupee sources and that funding under the project should exclude provision of commodities to India pending further review by the grantee and AID. NESAs expects to obtain more definitive information from USAID/Delhi in the Rupee Grant application on the commodity and equipment requirements of the hospitals and clinics participating in the CMAI program and to get a clearer idea of the relationship between the CMAI activities and those proposed in this PROP for CWS and PPFAs. Its present view is also that commodities for hospitals, clinics and similar units in the other NESAs countries should be excluded from the project pending review with AID Missions in those countries and discussions between the grantee (PPFA) and affected units of AID. This has been made a condition of Project Approval in block 10 of the Project Authorization.

NESA has also expressed the view that proposals for funding activities under the project in the NESAs region other than commodities, i.e. services such as evaluation and review of on-going projects and feasibility studies should be cleared with NESAs and NESAs Missions in advance. This has also been made a condition of approval in Block 10 of the Project Authorization. We believe that the intent with respect to such services is to be less restrictive than with the condition of approval noted above with respect to commodities for India.

NESA in its April 26, 1971 memorandum commenting on the PROP urged that more limited funds be obligated initially for the project and that PPFAs/CWS undertake a feasibility survey before AID enters into an operating agreement with PPFAs. As the project is planned under the PROP during the first months of the project PPFAs will be conducting a survey in cooperation with CWS and its network of health facilities to determine the activities with respect to family planning program development which it will recommend for the last seven months of the first year and in the subsequent two years. NESAs approval will be obtained in advance for any such survey or evaluations in NESAs countries.

As mentioned in our memorandum on this PROP dated May 11, 1971 (attached) the commodity and local project support costs required under the project need adjustment downward in order to compensate for the expected alternate sources of funding for the 400 or so hospitals assisted by Christian Medical Association of India (CMAI) - in India and for other Church World Service/PPP projects in other NESAs countries. CWS has submitted reports on commodities shipped to hospitals and clinics in various countries for 1969 but not yet for 1970. It also appears to be difficult to determine from CWS/PPP data without extensive research the amount of AID (via Pathfinder fund) commodities shipped to

hospitals and clinics in specific countries. One reason for this is that CWS supplies shipped overseas from its main warehouse to particular countries contain both general health supplies and specialized family planning supplies which are financed from both voluntary donations and by AID through the Pathfinder Fund. One of the reasons for enlisting the services of PPFA in the project is to improve the quality of record keeping and project management for both the existing level of operations and the planned expansion of the level of operations. The Project Authorization in Block 10 makes allowance for the above situation by approving full funding in FY 1971 of commodities and local project support costs for one year and deferring consideration of further funding of these items until FY 1972. By November 1971, and prior to the obligation of FY 1972 funds for additional commodities and local project support costs, it is expected that PPFA will have completed a survey as explained previously.

As noted earlier on page 3 of this paper an increase in full-time professional staffing from 12 in FY 1971 to 18 in FY 1972 and 20 in FY 1973 is proposed in the PROP with increases in each of the successive years in related personnel costs.

The exclusion of commodities and local project support costs for India and other NESAs countries — pending further review by the grantee (PPFA) and AID — and the reduction in number of hospitals and clinics served under the project in the NESAs area as described previously will reduce staff requirements below the level of that previously anticipated in the project. It is difficult to determine the effect of these changes upon personnel requirements until PPFA completes its survey in the first seven months of project operation. Allowance is made for these anticipated lower personnel requirements by funding personnel positions and related costs for three years at the level proposed for the first year. This is specified in block 10 of the Project Authorization as a condition of approval. We believe that three-year funding in FY 1971 of personnel positions and related costs is justifiable in view of the specialized type of personnel which will have to be recruited and the extensive commitment of PPFA's resources and management to the project.

on page 19 of the PROP and We have also recommended the inclusion of a clause/on page 2 of the PIO/T under block 19c (Scope of Technical Services/Technicians) as follows: "It is expected that the grantee will fill the positions authorized as demand for these services is clearly demonstrated." TA/POP also points out that page 3; block 21D of the PIO/T provides AID with the opportunity to review and comment on the selection of key personnel. These two provisions should suffice to avoid a level of recruitment higher than might be warranted at the start of the project, prior to completion by PPFA of its survey.

### Regional Bureau Comments

NESA: I believe the NESA Bureau comments (see attached memoranda dated April 14 and April 26, 1971) have been covered adequately in previous sections of this paper and by the conditions of project approval in block 10 of the Project Authorization.

Africa: The Africa Bureau in its memorandum of April 30, 1971 attached concurred in the PROP provided: 1) there was clarification of the relationship between proposed CWS/PPFA-assisted activities and those of other voluntary agencies like Pathfinder Fund.

Comment: To meet this, TA/POP inserted a clause in the first sentence of the PROP "not covered by existing agreements (e.g., the Pathfinder Fund, AID/csd 1870)". TA/POP states that the intent of this clause is to avoid any duplication between PPFA activities and those of Pathfinder in those countries, particularly in Africa, where Pathfinder is assisting local projects. 2) Staff provision is made for a public health nurse midwife. Comment: This adjustment in staffing arrangements will be worked out by TA/POP with PPFA and AFR. 3) Provision is made for AID clearance on proposed subgrants or activities as a means of insuring full use of political, economic and technical knowledge available in other parts of AID.

Comment: TA/POP has provided for this as follows on page 15 of the PROP: "Review and approval (of the request for project program assistance) by AID/W and review by Missions/Embassies as appropriate will be provided in a manner consistent with other grant agreements and/or as experience dictates." The LA Bureau, in contrast, as noted below, urges more flexibility in CWS/PPFA operations. We have commented earlier on this matter.

AFR also questions the need for the size of staff proposed and urges that the staff projections be based on functional analysis and projection of workload. Part of the AFR qualification has been met by holding staff funding to the level of the first year at present and by specifying in the PIO/T that grantee will fill the positions authorized only as demand for their services is clearly demonstrated. We have discussed earlier the difficulty in getting a clear fix on projected workload in a project which will depend partly in its rate of implementation on the PPFA survey to be undertaken in the Summer and Fall of 1971 and on the rate at which other voluntary agencies may seek grant support of FP programs.

LA Bureau: LA/PCD/PPF is in general agreement with the PROP and recommends a grant be negotiated at the earliest date. (See memo of April 16, 1971 attached). LA believes it may be possible to

increase support in several LA countries, particularly in the English-speaking Caribbean countries and urges maximum flexibility for CWS/PPFA operations. Other useful suggestions are made for project operations under conditions in the LA countries. LA assumes that the intent of the proposed grant is to provide support for other church and non-church non-profit service organizations such as the American Friends Service Committee, Lutheran World Relief and the Unitarian Universalist Service Committee. TA/POP believes the terms of the PROP and proposed grant are broad enough to permit this.

East Asia Bureau: East Asia Bureau comments relate to the team of "independent, highly qualified, experts" which the PROP proposes (on pages 7 and 27) will "review and report on the accomplishments and problems of the project and make recommendations for future programs". TA/POP states that the team will be selected by joint agreement of the grantee and A.I.D. and that the East Asia Bureau will be consulted on this. East Asia also expresses a need for an evaluation and information on present organizational effectiveness. EA asks as to the "extent to which present goals are being implemented, cost/effectiveness studies available." TA/POP's response contained in paragraph 2 of the attached May 25, 1971 memorandum from TA/POP to EA/TECH, stresses that "the PPFA/CWS survey of family planning clinics in assisted hospitals will provide the basis for developing and instituting formal programming, management, and reporting systems to begin taking effect midway in the first year of the project." In response to EA's query concerning the ratio of one secretary to each professional for the four project development professionals (page 19 of the PROP), TA/POP states that the secretarial staff will have additional administrative functions and these positions will only be filled as demand for their services is clearly demonstrated.

Recommendation:

We recommend that you approve the attached PROP as amended by: 1) the conditions of approval contained in block 10 of the Project Authorization; 2) the bases for approval as contained in the Regional Bureau comments, summarized above and contained in the attached memoranda from the Regional Bureaus; 3) the provision that the grantee will fill the positions authorized as demand for their services is clearly demonstrated; 4) the approval of funding for the project in FY 1971 in the amount of \$3,800,000 as specified in block 10 of the Project Authorization and in the revised project budget attached to the Project Authorization, i.e., \$2,000,000 for the first year, \$900,000 for the second year and \$900,000 for the third year. In

FY 1972 an evaluation and review of project organization, operating procedures, staffing and commodity and equipment requirements will be made before additional funds are provided.

  6/1/71  
TA/PM: RHFisher: JF: 5/28/71

## VI. Budget (A.I.D. Funds)

(Revised 5/15/71 to conform to approved PIO/T for FY 1971 funding)

## A. Summary

	<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>
TOTAL PROJECT COSTS 1/	<u>2,000,000</u>	<u>900,000</u>	<u>900,000</u>
<u>PERSONNEL</u>	<u>516,072</u>	<u>516,072</u>	<u>516,072</u>
Salaries	350,940	350,940	350,940
Fringe Benefits	49,132	49,132	49,132
Consultants and Contract Services	116,000	116,000	116,000
<u>TRAVEL AND SUBSISTENCE</u>	<u>48,000</u>	<u>48,000</u>	<u>48,000</u>
<u>OTHER PPFA DIRECT COSTS</u>	<u>93,000</u>	<u>93,000</u>	<u>93,000</u>
Office Rent and Maintenance	50,000	50,000	50,000
Headquarters Office Supplies and Services	24,000	24,000	24,000
Headquarters Equipment, Purchased and Rented	19,000	19,000	19,000
<u>LDC PROGRAM SUBGRANTS</u>	<u>1,133,000</u>	--	--
Commodities --			
Contraceptives, Equipment, and Other Supplies	978,000	--	--
Local Project Support	155,000	--	--
<u>INDIRECT ADMINISTRATIVE COSTS</u>	<u>209,928</u>	<u>242,928</u>	<u>242,928</u>

1/ Cumulative Total: \$3,800,000

**PROJECT AUTHORIZATION**

<b>1. PROJECT NUMBER</b> 931-11-580-955	<b>3. COUNTRY</b> World-wide	<b>4. AUTHORIZATION NUMBER</b> 0112
<b>2. PROJECT TITLE</b> Development of Family Planning Programs of CWS and Other Charitable Organizations	<b>5. AUTHORIZATION DATE</b> June 1, 1971	
	<b>6. PROP DATED</b> May 1, 1971	

**7. LIFE OF PROJECT**

a. Number of Years of Funding: 3  
Starting FY 19 71; Terminal FY 19 73

b. Estimated Duration of Physical Work  
After Last Year of Funding (in Months): 24

FUNDING BY FISCAL YEAR (in U.S. \$ or \$ equivalent)	DOLLARS (in 000s)		P.L. 480 CCC + FREIGHT	LOCAL CURRENCY			
	GRANT	LOAN		Exchange Rate: \$1 =		HOST COUNTRY	
				U.S. OWNED		JOINTLY PROGRAMMED	OTHER
Prior through Actual FY	3,800 1/						
Operational FY							
Budget FY							
B + 1 FY							
B + 2 FY							
B + 3 FY							
All Subsequent FY's							
<b>TOTAL</b>	<b>3,800 1/</b>						

**10. Conditions of Approval of Project** - The PROP was reviewed by all Regional Bureaus and has the clearances of four Regional Bureaus (Africa, East Asia, Latin America and Vietnam) and TA/POP as indicated on PIO/T. The NESA Bureau concurs provided funding under this PA excludes provision of commodities to India or other NESA countries pending further review by the Grantee and AID. 2/ The Christian Medical Association of India (CMAI) has separately requested an Indian rupee grant equivalent to \$1,000,000 to finance local costs of the CWS assisted Planned Parenthood Program in India.

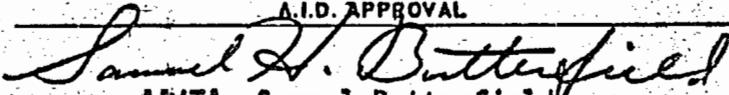
1/ This PA approval is for full funding in FY 1971 of commodities and local project support costs for the first year and for 3 year funding for personnel positions and related costs (personnel, travel and subsistence, other direct costs and indirect administrative costs) at the level proposed for the first year. (See the budget summary attached to this PA). On this basis, FY 1971 funding will provide \$2,000,000 for first year activities and not to exceed \$900,000 each for the second and third years, for a total of \$3,800,000. The proposal in the PROP attached (see proposed budgets on pages 28-36) is to increase in the second and third years the number of staff and staff related costs, and to increase commodities and local project support. This further staff, commodities and local project support will be considered in FY 1972.

2/ Proposals for funding activities in the NESA region other than commodities such as evaluation and review of on-going projects and feasibility studies will be cleared with NESA in advance.

Approved in substance for the life of the project as described in the PROP, subject to the conditions cited in Block 10 above, and the availability of funds. Detailed planning with cooperating country and drafting of implementation documents is authorized.

This authorization is contingent upon timely completion of the self-help and other conditions listed in the PROP or attached thereto.

This authorization will be reviewed at such time as the objectives, scope and nature of the project and/or the magnitudes and scheduling of any inputs or outputs deviate so significantly from the project as originally authorized as to warrant submission of a new or revised PROP.

<b>A.I.D. APPROVAL</b>	<b>CLEARANCES</b>	<b>DATE</b>
 AA/TA, Samuel Butterfield SIGNATURE	TA/POP/PGD, Irene P. Walker	5/20/71
	TA/POP, Reimert T. Pavenholt	5-21-71
	TA/PM, John Kean / RHF	6/1/71
	AA/TA, Kenneth Leysak	6/2/71
<b>AA' Associate Assistant Administrator</b>	<b>AGENT</b>	
<b>TITLE</b>	<b>DATE</b>	

VI. Budget (A.I.D. Funds)  
 A. Summary

(Revised 5/15/71 to conform to approved PIO/T for FY 1971 funding)

	<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>
TOTAL PROJECT COSTS <sup>1/</sup>	<u>2,000,000</u>	<u>900,000</u>	<u>900,000</u>
<u>PERSONNEL</u>	<u>516,072</u>	<u>516,072</u>	<u>516,072</u>
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<u>TRAVEL AND SUBSISTENCE</u>	<u>48,000</u>	<u>48,000</u>	<u>48,000</u>
<u>OTHER PPFA DIRECT COSTS</u>	<u>93,000</u>	<u>93,000</u>	<u>93,000</u>
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<u>LDC PROGRAM SUBGRANTS</u>	<u>1,133,000</u>	--	--
Commodities --			
Contraceptives, Equipment, and Other Supplies	978,000	--	--
Local Project Support	155,000	--	--
<u>INDIRECT ADMINISTRATIVE COSTS</u>	<u>209,928</u>	<u>242,928</u>	<u>242,928</u>

<sup>1/</sup> Cumulative Total: \$3,800,000

701-111-201-1140

NONHOSPITAL PROJECT PAPER (PROP)

Country: World-wide

Project No. 991-11-580-955

Submission Date: \_\_\_\_\_ Original:  Revision No. \_\_\_\_\_

Project Title: Development of Family Planning Programs of Church World Service and Other Charitable Organizations

U.S. Obligation Span: FY 1971 through 1973 1/

Physical Implementation Span: Three Years

Gross Life-of-Project Financial Requirements:

U.S. Dollars: 8,750,000 1/

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I. SUMMARY

This project is designed to develop and make more effective the family planning programs assisted by Church World Service (CWS) and other appropriate charitable organizations in developing countries world-wide, not covered by existing grant agreements. The objective is to make family planning services available to all persons reached by these organizations on a substantially increased scale. The framework to be developed is expected to result in vastly increased numbers of initial and continuing acceptors practicing family planning by effective means. To accomplish this objective, the Planned Parenthood Federation of America, Inc. (PPFA), also known as Planned Parenthood-World Population, will work with CWS and other cooperating organizations, providing needed overall management, technical standards and advisory services, training materials and training, contraceptives and other commodities for family planning clinics and related motivational activities. PPFA will establish the built-in and auxiliary systems of program evaluation to assure sound and effective program administration.

1/ The PA and PIO/T for FY 1971 provide for full funding in FY 1971 of commodities and local project support costs for the first year and for three year funding for personnel positions and related costs (personnel, travel and subsistence, other direct costs and indirect administrative costs) at the level proposed for the first year. On this basis, FY 1971 funding will provide \$2,000,000

This project is to be financed by a three-year grant to PPFA. PPFA will work in conjunction with CWS and other participating organizations and their cooperating institutions (hospitals, clinics, dispensaries, welfare and other institutions) in less developed countries to accomplish the above objective. The A.I.D. grant will supplement assistance provided by the participating organizations from non-A.I.D. (primarily private) contributors and the local cooperating institutions. These contributions will be both in cash and "in kind".

The project should enable the assisted organizations to place their family planning programs on a rapidly growing and more effective basis during the three-year period. A doubling of the current number of clinics providing family planning services and a four-fold increase in the number of acceptors would appear reasonable.

Continued outside support of these programs will probably be necessary through the 1970's. To evaluate the progress and effectiveness of activities performed under this project and the volume and types of support required beyond the initial three year period, this project includes provision for periodic evaluations of headquarters and field activities by an outside team of experienced family planning administrators.

## II. SETTING AND ENVIRONMENT

This project is an outgrowth of requests from CWS for additional assistance to help develop and support its Planned Parenthood Program (PPP). Limited assistance in the form of contraceptives, medical instruments kits and audio-visual equipment has been provided to the CWS-PPP by the Pathfinder Fund, financed since early 1968 in part by A.I.D. Title X funds.

for first year activities and not to exceed \$900,000 for the second and third years, for a total of \$3,800,000 (see page 36a). The increases proposed in this PROP in the second and third years in the number of staff and staff related costs, and for commodities and local project support over the level proposed for the first year of operations will be considered in FY 1972. (This budget \$100,000 revision for FY 1971 funding purposes is included as page 36a attached to this PROP).

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Discussions with CWS supported the desirability of providing a full range of technical, managerial, and commodity assistance through an intermediate organization with proven broad and large scale experience with family planning service programs. The PPFA has offered to be this intermediary and has submitted a proposal requesting a grant for this purpose.

While plans to provide the expanded assistance to CWS were being prepared, additional requests to help assist their relatively small family planning programs were received from several other U. S. private charitable organizations.

This project, therefore, combines under a grant to be made to PPFA, responsibility for providing the indicated technical, managerial and commodity assistance needed to develop and extend the CWS-PPP and the family planning service programs of other organizations as agreed to by the cooperating organizations and A.I.D.

The Planned Parenthood Federation of America, Inc. (PPFA) was founded in 1942 by Margaret Sanger as the successor organization to the American Birth Control League and the prior National Birth Control League, formed following the opening of the first birth control clinic in the United States by Mrs. Sanger in 1916. PPFA is the largest private family planning agency in the United States. Its national headquarters are in New York City. It is governed by a voluntary National Board of Directors and the "membership" of its affiliates. PPFA has seven regional offices and currently operates approximately 600 family planning clinics throughout the United States through its nearly 200 local affiliate organizations. PPFA is a member of the National Health Council and of the International

Planned Parenthood Federation (IPPF). In addition to providing financial support for its own activities, PPFA has raised substantial funds in the United States for the IPPF since the founding of that organization in 1952. The stated purposes of PPFA are:

1. To provide leadership

- in making effective means of voluntary fertility control available and fully accessible to all;
- in stimulating relevant biomedical, socio-economic and demographic research;
- in developing appropriate information, education and training programs, and

2. To support the efforts of others to achieve similar goals in the United States and throughout the world.

In these efforts, PPFA is widely recognized as the most experienced private family planning agency in the United States. Its contacts with technical personnel active or interested in family planning in the developing countries are extensive.

Church World Service (CWS) is a private non-profit, charitable organization, also with headquarters in New York City. CWS became involved early in the 1960s in providing family planning assistance through Christian mission medical facilities overseas, in order to complement existing social service programs in areas of the world where population growth was far outstripping its efforts to relieve human suffering. The early CWS efforts were devoted to the distribution of contraceptive foam and intrauterine devices (IUDs) to parts of Europe and Latin America.

From these efforts, CWS expanded its family planning assistance, first by establishing and staffing a Planned Parenthood Program Office, and then by working to develop local family planning efforts through its existing relationships with medical mission boards and mission hospital medical doctors and administrators in many parts of the developing world. Supplementary family planning information materials published by PPFA, the Rockefeller and Ford Foundations and others were purchased and distributed overseas by CWS along with contraceptives, medical equipment and training materials as they became available through donations "in kind", or were purchased by CWS with cash contributions.

Over the past three years, substantially increased amounts of contraceptives, medical kits, and related family planning equipment and supplies have been made available. In several cases, such as Indonesia and Burundi, CWS has provided financial support for full-time medical personnel working to develop local family planning programs. More recently, in Costa Rica, CWS has been working with a local program in the production of family planning motivational materials for use on radio and television in Latin American countries.

CWS ranks its Planned Parenthood Program high among its program priorities. It has proceeded by integrating family planning services into its other health and social service activities. Emphasis is given to the development of indigenous family planning competence so that CWS may disengage itself when local programs have gained a satisfactory measure of acceptance and self-support. While progress in this direction is expected to be substantial during the course of this project as projected, continued outside assistance will probably be necessary at least through the 1970s.

Organizationally, CWS is associated with the National Council of Churches of the United States and over 40 similar councils throughout the world. The network of health facilities to which CWS provides health supplies includes approximately 1,500 hospitals according to a recent CWS survey which is not yet completed. The returns to date indicate that approximately 90 percent of these hospitals, or around 1,350, are providing family planning information and services in some form. Of these 1,350 hospitals, roughly 400 are in India. These 400 hospitals will probably be assisted with respect to commodities under a grant of U.S. owned rupees to the CMAI and therefore are not expected to need AID-financed commodity assistance under this project. Many of the hospitals participating in the CWS program provide the only family planning services available to the people living in the area. The basic aims of this project are to expand the quantity and quality of family planning services of the participating hospitals and to increase the number of participating hospitals and clinics.

In 1970, the CWS-PPP totaled approximately \$1,250,000. Of this amount, \$1,000,000 consisted of contraceptives, audio-visual and clinical equipment, distributed through its representatives and other contacts in over 50 countries. The largest portions of the supplies were to four countries-- India, Indonesia, Taiwan and the Philippines. The CWS-PPP also included both general and specific training through conferences and seminars, as well as provision of a wide range of educational materials for active and prospective program leaders and present and new family planners. CWS contributed the time of its Planned Parenthood Program headquarters staff and auxiliary program, administrative, technical and management services, commodities mostly "in kind", and made financial grants directly from funds contributed by member churches of the National Council of Churches. Costs borne directly

by CWS amounted to around \$250,000 annually and during the three year period of this project are expected to increase by about \$50,000 annually.

### III. STRATEGY

The overall strategy for this project is to use existing networks of medical and welfare related facilities and staffs of organizations such as CWS and their already established family planning service programs to expand and improve the delivery of family planning services to the communities of families served on an effective, private and voluntary basis, thereby reaching many areas of the population not otherwise served.

To carry out this strategy, the project provides for a comprehensive grant to PPFA as the intermediate organization to assume responsibility for the project. Drawing on its varied and extensive knowledge and long experience with family planning service programs, PPFA will cooperate with CWS, and similar organizations requiring additional assistance as they develop and are prepared to implement family planning programs which are acceptable to PPFA and A.I.D. PPFA will provide the requisite overall leadership, auxiliary technical and advisory services, training, contraceptives and related supplies and equipment, broad management and administrative guidance, appropriate program and financial controls, and reporting and evaluation systems to assure the reasonable achievement of the project's objectives.

The PPFA proposal requesting the grant and setting forth its plan for performing the intermediate organization functions as contemplated in the project clearly indicates that it has the general competence and can build the organization to assume this responsibility. CMS in endorsing the proposal and indicating its willingness to cooperate in this endeavor also recognizes that PPFA has this capability and understands the type of sensitive situations CMS must accommodate.

The strategy envisions that PPFA will provide the commodity and related assistance required to sustain the momentum of the family planning programs of CMS as currently constituted while developing and implementing plans in cooperation with the participating organizations and their network of cooperating facilities for the development and extension of these programs. The objects are to enhance their current effectiveness and help assure their viability as indigenous institutions with progressively increased reliance on local resources. It is expected that the provision of assistance, initially primarily commodities and training materials on the current basis, will be overtaken after the first six months by the more formalized programs of the participating organizations.

In addition to the evaluative data submitted with the detailed annual operational plans and reports for the previous and current years, the project provides for an overall evaluation by an independent, highly qualified, team of experts to review and report on the accomplishments and problems of the project and make recommendations for future programs, especially the types of assistance and funds required beyond the third year of this project. While current indications are that assistance under this or a follow-on project

will be required through the 1970s, the magnitude and composition of the assistance required beyond the third year of this project is unavoidably dependent on a number of factors, many of which are beyond the control of the grantee and its subgrantees and their participating institutions. The most important of these will be the development and effectiveness of policies and programs of national governments in the concerned countries and their ability, preferences and willingness to cope with the problems of population growth through governmental and private means.

#### IV. PLANS, TARGETS AND OUTPUTS

This project is designed to continue on an accelerating basis to provide for the basic institution building and solid program development required on the part of the participating organizations and cooperating facilities. The goal is effective availability of family planning services in the communities which look to them for assistance of this type. Specific targets are the provision on a continuous basis of the contraceptives and related commodities, technical services and overall management needed on a program development basis.

Initial funding will be for two years; funding for the third year is to be provided mid-way during the second year. Before the end of the second operational year, the entire project will be evaluated and the need for its extension beyond three years assessed. <sup>1/</sup>

<sup>1/</sup> See note page 1.

The most important outputs will be:

- the involvement of as many persons as possible in the growing community family planners. The numbers of new and continuing acceptors by method of fertility control would constitute yardsticks for measuring accomplishments as the project progresses.
- the development of the indigenous institutional base and capability to formulate appropriate policies and programs and administer them effectively with progressively increasing reliance on local resources. Increases in the number of physicians, nurses, midwives and supporting personnel trained and actually working with family planning clinics and follow-up activities, the extent of local support developed to support the services, and numbers of pleased family planners would provide bench marks for evaluating progress.

The achievement of these outputs will require inputs of:

- large and varied amounts of family planning technical know-how
- a broad range of managerial and administrative talents
- a continuous and adequate supply of contraceptives and related medical supplies, audio-visual and other clinic and office equipment, some vehicles and other related commodities for the support of expanding family planning services, and related training and motivational activities
- assistance for recruitment, training and development of personnel, many of whom are already working with the institutions to be assisted, to direct, develop, perform and evaluate the various specialized tasks involved in developing family planning services programs.

V. COURSE OF ACTION

The project is designed to become operational on or before June 1, 1971 and to continue operations on a U.S. fiscal year basis for three years. The first year of operations would therefore cover 13 months. PPFA would begin immediately to maintain the flow of contraceptives and related family planning supplies and equipment and training materials to assure their continuous availability and local accessibility to family planning service programs in medical facilities currently assisted by CHS and to other organization programs approved for participation in this project. Essentially, this represents a continuation of the present CHS-PPP for approximately seven months until the introduction of new programming procedures takes effect. This activity would utilize the program request procedures, procurement procedures and distribution system which already exist. Contraceptives would be procured through the General Service Administration as provided in the approved program. Other commodities would also be procured through GSA unless otherwise authorized.

First priority will be given to maintaining the existing CHS-operated pipeline of commodities from the United States to its overseas programs.

During this period, and on a continuing basis, PPFA will also be conducting a survey in cooperation with CHS and its network of health facilities to determine the activities with respect to family planning program development to be given operational priority during the last seven months of the first fiscal year, and in the subsequent two years.

Concurrently, and subsequently, PPFA will be developing in concert with other organizations, as appropriate, ways in which their involvement in family planning service programs might be enhanced.

During the last seven months of the first year, and in the second and third years, increasing attention will be given by PFFA to the demand side of family planning service needs and the advisory services, training and commodity support required (a) to expand and improve programs already in operation and (b) to introduce such services in CWS-assisted hospitals and other health and welfare facilities where they are not yet available. Attention will be given on a continuing basis to improvement of the processes by which needs are determined and serviced throughout the programming-procurement-delivery-distribution system to assure their availability when and as needed to achieve the objectives of the project. These areas of need represent new and challenging courses of action.

The work plan for the final 6 months of the first year will be submitted by November 30, 1971 for A.I.D. review and approval, concurrently with the results of the initial survey and assessment of program needs.

On or before March 31, 1972, the work plan for the second year's program activities will be submitted for A.I.D. review and approval concurrently with a preliminary report on first year activities.

A work plan for the third year's program activities will be submitted for A.I.D. review and approval concurrently with the final report for the first year, and a progress report for the second year's activities by March 31, 1973. Funding for the third year will be provided at that time. Based on this review of progress and needs and the independent evaluation at this time or as soon as possible thereafter, the decision will be made concerning the additional assistance required through an extension of this project or a follow-on project.

A. Commodity Program

1. Flow of requests for commodities from local programs. Under the CHS-PPP, requests for commodities have originated from the local medical facility or an association of such facilities overseas via the respective CHS overseas representative for the country or area originating the request. They are submitted for approval to the Director of the CHS Planned Parenthood Program at CHS headquarters in New York.

In support of these arrangements, an annual program request form is distributed by CHS headquarters through its overseas representative to local facilities, informing them of the types of commodities available under the CHS Planned Parenthood Program and requesting them to inform CHS headquarters of the anticipated quantities of commodities needed for the coming year, along with shipping advice and other pertinent information.

The effort will be made where appropriate under this project to assist local programs to plan their needs more systematically on a longer range basis. New procedures will be designed and implemented to achieve this.

2. Approvals of requests for commodities. Authority for the approval of requests for commodities under the terms of this grant for its assisted facilities will be exercised by the Director of the CHS Planned Parenthood Program who will forward to PPFA copies of each request received by his office and the action taken thereon. Regular liaison will be maintained between the CHS-PPP and the various CHS country and functional departments in order to stay apprised of any special difficulties, political or otherwise, that might be anticipated as a result of shipments of commodities to specific locations.



3. Commodity Procurement. Procurement of contraceptives, equipment and other supplies will be arranged through the General Services Administration (GSA) by PPFA in accordance with A.I.D. policies and procedures applicable to commodity transactions unless authorized to do otherwise.

Each year, based on the cumulative annual program requests received from local family planning programs overseas, the CWS Planned Parenthood Program Director will prepare a schedule describing the types, amounts and prices of the commodities requested for the following project year together with a summary providing comparable information for the current year and the preceding year. This schedule will be submitted to the Project Management Group of PPFA no later than 120 days prior to the beginning of the project year for which the commodities are being requested so that it may be incorporated into the detailed work plan and budget to be submitted to A.I.D. for review and approval under the terms of this grant.

4. Shipment, Distribution and Use of Commodities. Responsibility and authority for the shipment and distribution of the commodities to be used by the participating facilities in the LDCs will be exercised by CWS in cooperation with PPFA. Guidance for their use will be developed by PPFA.

5. Control and Audit of Commodities Procured and Distributed. Under present arrangements, the procurement and distribution procedures and practices of CWS insure effective control over the disposition of commodities from the point of supply in the United States to the point of receipt by the overseas consignee. Under the project plan, PPFA will undertake to develop an information system which will extend effective control for program implementation and accountability purposes from the point of receipt in the foreign country to the final use point (the individual facility). This will entail the gathering of information on later stages of

the distribution process, which is not currently available, and will include the identity and location of each recipient facility, the quantity and value of commodities received by type and the disposition of those commodities (number of patients served, inventories, etc.). Such information will be compiled by PPFA for all commodities transactions and made available to A.I.D. for evaluation of program effectiveness overall and geographically for coordination purposes.

B. Development and Expansion of Family Planning Services. The project staff of PPFA will join with CWS Planned Parenthood Program and other cooperating staff, and with CWS assisted medical associations overseas in the provision of technical assistance and program support to local family planning programs in CWS assisted medical facilities, aiming:

1. To extend the scope, range and quality of family planning services in facilities where programs already exist and
2. To introduce family planning service programs in facilities where they do not presently exist but would be welcomed. The technical assistance offered by this project will be of four basic kinds:
  - a. Program development and administration
  - b. Medical and paramedical standards and practices
  - c. Patient-oriented motivation
  - d. Training and manpower development.

In planning and implementing these program development services, PPFA will draw upon its extensive experience in providing assistance of similar kinds to its own network of almost two hundred local affiliate organizations and many government supported family planning programs in the United States.

Request for program assistance by this project will be tendered at the local level, and transmitted to CWS headquarters and the Project Management Group of PPFA for review and approval under the terms of this grant. Review and approval by AID/W and review by Missions/Embassies as appropriate will be provided for in a manner consistent with other grant agreements and/or as experience dictates. \*(See page 27).

Each of the four project technical assistance components will be staffed by skilled specialists who will function collectively, under the supervision of a Director of Project Development, as an inter-disciplinary team of experts available to provide consultation and support as needed to local family planning programs eligible for assistance under the terms of this grant. Initially, one full-time specialist will be required for each of the four technical assistance components. The medical specialist will be a licensed physician with proven experience in family planning services. Each of the other specialists, including the public health nurse midwife, will have had appropriate academic and professional training and extensive successful experience in their respective fields.

Complementing the technical assistance provided by this project will be the provision of program grants in support of specific pilot demonstration and applied research activities in selected local family planning programs. These grants will be described in the approved annual plan and be administered by the CWS Planned Parenthood Program with the cooperation of PPFA or, where appropriate, be administered directly by the PPFA project staff. Such grants will be used to underwrite selected program activities such as the following:

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1. Experimental programs linking the services of family planning centers with those of food distribution programs.
2. Initial program development efforts by local facilities to begin new family planning services or expand existing services.

- 3. In-service training seminars, workshops and conferences for family planning program administrators and other service personnel.
- 4. Procurement and distribution of patient-oriented motivation materials and training for their use.

All project development activities will be planned and implemented according to the following project management planning cycle:

- 1. Comprehensive assessment of local program development needs and preparation of detailed reports which will order by priorities the various needs for assistance.
- 2. Preparation of detailed plans to begin to meet the needs as identified during the needs assessment process.
- 3. Implementation of support activities to local family planning programs as specified in the accepted plans.
- 4. Evaluations of the use made and effectiveness of the support provided to local family planning programs.

Work plans and budgets for each project component will be submitted to A.I.D. as part of the comprehensive annual work plan submission and the regular reporting procedures under the terms of this grant.

Implementation of plans will commence upon approval. Evaluations of support provided to local family planning programs will be made as each project component is completed. Copies of these reports will be available to A.I.D.

Specific support activities to be provided to local family planning programs will be planned and implemented based on the results of the assessment for each project component and include the following areas:

1. Program Development and Administration

a. Consultation, on site, to program administrators of existing family planning service programs in CWS assisted medical facilities in order to improve local program efficiency and increase both the quality and quantity of service.

b. Consultation, on site, to program administrators of CWS assisted hospitals and clinics wishing to begin new family planning service programs.

c. Assistance to local programs in the preparation of requests to CWS headquarters and to PFFA for family planning service contraceptive supplies, equipment and other program support.

d. Assistance to local programs in the establishment and implementation of basic program management systems, including patient record keeping and fiscal and commodity accountability controls.

e. Assistance to local programs in the development of basic program operations systems including referral procedures and outreach/follow-up methodology.

2. Medical Standards and Practices

a. Assistance to local programs in the development of appropriate medical and paramedical standards and procedures of service.

3. Patient Motivation and Related Activities

a. Planning and conducting conferences and workshops for CWS overseas representatives and family planning service personnel of CWS assisted facilities on staff motivation, patient education and related support activities and assistance available through this project.

b. Consultation, on site, to CWS family planning program administrators and staff in the development and use of patient education techniques in their respective programs.

c. Provision of motivational leaflets and other printed materials to be used in support of family planning programs in CWS assisted facilities.

d. Provision of films, slide/tape presentations, filmstrips or other audio-visual materials to be used for educational-motivational purposes in support of CWS assisted family planning programs.

e. Provision of essential commodities and equipment, including film and slide projectors, overhead projectors, projection screens, cameras and related supplies, etc.

#### 4. Manpower Development

a. On site, technical assistance in training program development and implementation for family planning service staffs in CWS assisted hospitals and clinics.

b. Preparation and, where appropriate, distribution of training materials and training aids such as pelvic models and other introductory equipment to be used in training programs being developed and implemented by CWS assisted hospitals and clinics.

c. Staff assistance and financial support to new or existing training programs for family planning service personnel (including program administrators, physicians, nurses and paramedical personnel, and social workers) in CWS assisted hospitals and clinics.

d. Project orientation and training institutes for CWS field representatives to be conducted in the field on a regional basis by PPFA and CWS headquarters staff as appropriate.

C. Project Management Structure - PPFA, CWS and Other Participating Organizations

In order to accomplish the objectives of this project in accordance with the plan of work described herein, PPFA will assemble a highly qualified core staff to help develop, manage and work with CWS and other participating organizations and cooperating local service facilities assisted under this project.

CWS will participate in the management of the project as described in the work plan above through the Director of the CWS Planned Parenthood Program, the CWS headquarters network of area and country department officers, and CWS representatives overseas.

1. PPFA Staffing Requirements 1/

PPFA will establish a Project Management Group consisting of three full-time professionals:

a. a Project Director who will report directly to PPFA's Chief Executive Officer and who will have full line responsibility and authority for all project-related activities.

b. a Director of Project Development, who will report directly to the Project Director and will have delegated line responsibility and authority for the following project components:

- (1) Program Development and Administration,
- (2) Medical and Paramedical Standards and Practices,
- (3) Information, Education and Communications, and
- (4) Manpower Development.

Each of the above four professionals will require the support of a full-time secretary; and

1/ See staffing tables pages 29-33 for time technicians enter on duty. It is expected that Granteo will fill positions authorized as demand for their services is clearly demonstrated.

c. a Director of Project Operations, who will report directly to the Project Director and will have delegated line responsibility and authority:

(1) for all project activities related to the support and control of commodity procurement and distribution by CMS.

(2) for the administration of project management and financial information systems and

(3) for maintaining project compliance with A.I.D. regulations and procedures.

In order to insure maximum participation of senior management expertise in the project, PPFA will make available on a part-time basis its department managers for:

- a. Financial Management
- b. Planning and Applied Research
- c. Medical Services
- d. Training

Each of these managers will provide leadership on a staff advisory basis to the Project Director, the Director of Project Development and to the various staff specialists of the project corresponding to this area of expertise. PPFA anticipates that twenty-five percent of the time of each of these department managers and their secretaries will be required during the crucial first six months of the first year and that ten percent of their time will be required on a continuing basis thereafter.

In addition, PPFA's Chief Executive Officer and its President will provide overall executive leadership and support to the project. PPFA anticipates that ten percent of the time of these officials and their secretaries will be required throughout the life of the project.

The following full-time professional staff will be required from the outset of the project and will report to the Director of Project Development in the Project Management Group:

a. One Program Development Assistance Specialist (non-medical) who will have delegated line responsibility and authority for the planning, implementation and evaluation of all project-related, non-medical assistance to CWS assisted hospitals and clinics.

b. One Program Development Assistance Specialist (medical) who will have delegated line responsibility and authority for the planning, implementation and evaluation of all project-related medical assistance to CWS assisted hospitals and clinics.

c. One Motivational Materials Specialist who will have delegated line responsibility and authority for the planning, implementation and evaluation of all project-related motivational activities.

d. A Training and Manpower Development Specialist who will have delegated line responsibility and authority for the planning, implementation and evaluation of all project-related training activities.

Each of these professionals will require support of a full-time secretary.

Additional project support staff required by PPFA are the following:

a. A full-time Management and Program Information Specialist who will report to the Director of Project Operations in the Project Management Group and will have delegated line responsibility and authority for the design and implementation of a management and program information system for all project activities.

b. A full-time Statistician who will report to the Management and Program Information Specialist and will have delegated responsibility for the compilation and analysis of management and program information.

c. A full-time Clerk-Typist who will report to the Management and Program Information Specialist and will have delegated responsibility for designated clerical and typing functions.

d. A full-time Fiscal Officer who will report to the Director of Project Operations in the Project Management Group and will have delegated line responsibility and authority for the planning, management, and fiscal control (including internal audit) of all project financial matters.

e. A full-time Bookkeeper who will report to the Fiscal Officer and will have delegated line responsibility and authority for organization and maintenance of all financial records of the project.

f. A full-time Clerk-Typist who will report to the Fiscal Officer and will have delegated responsibility for designated clerical and typing functions.

g. A part-time Computer Programmer who will report to the Fiscal Officer and will have delegated line responsibility and authority for the design and implementation of project-related computer systems.

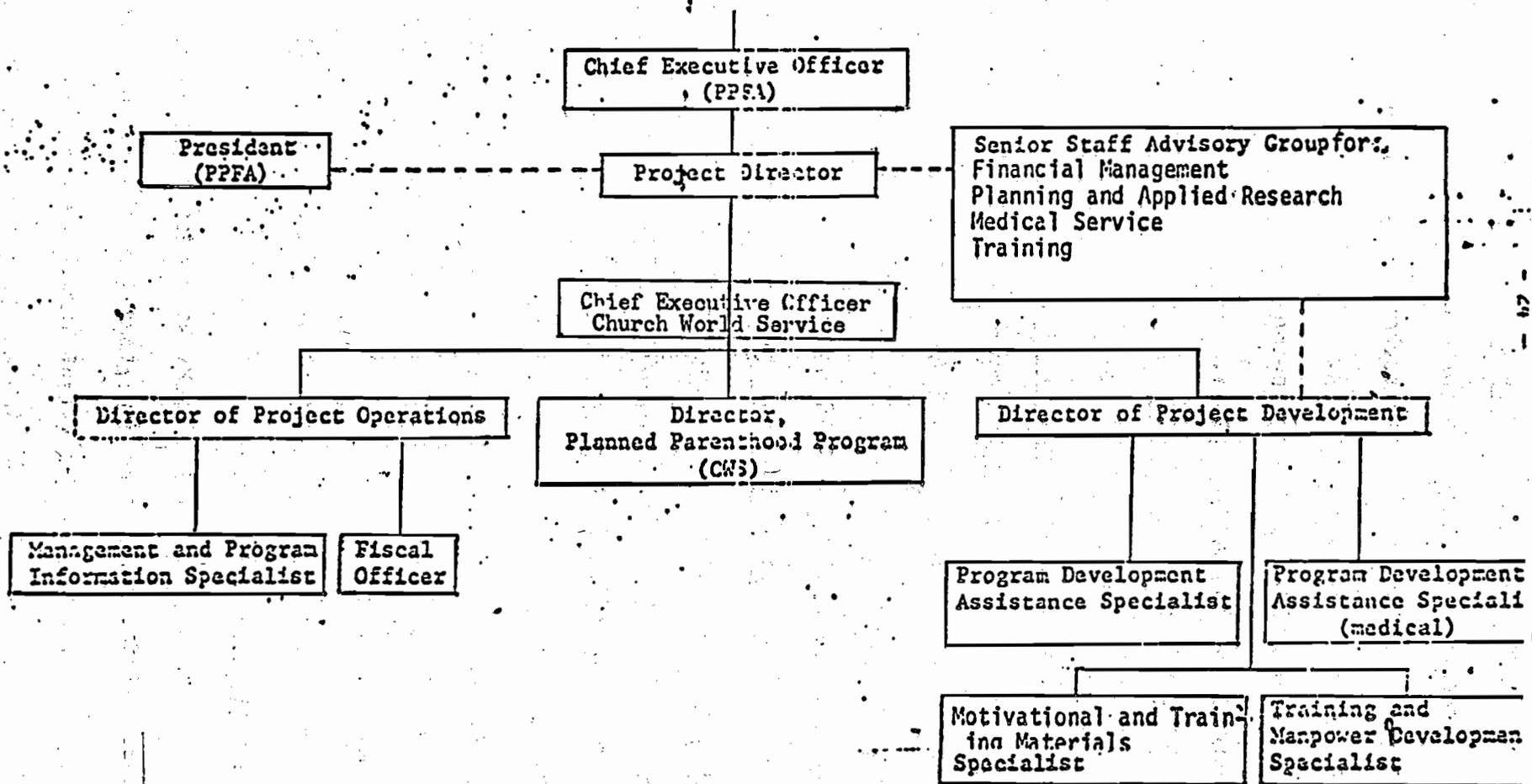
h. A full-time Administrative Assistant who will report to the Director of Project Operations in the Project Management Group and will have delegated line responsibility and authority for the monitoring of commodities procurement and distribution.

The organization chart on the following page illustrates the operational inter-relationships of the project staff.

## 2. CMS Staffing Requirements

CMS staff who will participate in the project are the following:

- a. The full-time Director of the CMS Planned Parenthood Program who reports to the Executive Director of CMS and who will have, in coordination with the respective CMS Area Service Director, full line responsibility and authority for all CMS project-related activities as specified above in the Project Work Plan.
- b. A full-time Assistant to the Director of the CMS Planned Parenthood Program who will report to the Director of the Planned Parenthood Program, and have line responsibility and authority as delegated.
- c. One full-time Secretary who will report to the Director of the CMS Planned Parenthood Program and provide secretarial support to both the Director and the Assistant to the Director as delegated.
- d. Part-time staff support as needed from the CMS Materials Resources Program.
- e. Part-time staff support as needed from the CMS Area and Country Department officers.
- f. Part-time staff support as needed for training and motivational activities from other departments of the National Council of Churches, Division of Overseas Ministries including the Christian Medical Council and the Radio, Visual Education and Mass Communications Committee.
- g. Part-time staff support as needed from the CMS Overseas Representatives and their staffs.



D. Project Management Support Systems

1. Financial Management

Financial management of this project will be incorporated into the overall program budgeting system utilized by PPFA to insure accurate and timely cost accounting for each of its program activities. As previously indicated, an experienced Fiscal Officer, plus the necessary supporting staff, will be assigned full-time responsibility for this project account and will be charged with maintaining full and accurate fiscal records and control over each project activity as budgeted. The Fiscal Officer will work in close cooperation with the financial management personnel at CWS headquarters to insure an orderly and accurate flow of fiscal data from field operations through CWS headquarters to the Project Management Group. Regular reports of fiscal activities will be made to A.I.D. as required under the terms of this grant. Annual audits by recognized independent auditing firms will be made annually.

Provision would also be made for annual A.I.D. audits of project records at PPFA and CWS headquarters.

2. Management and Program Information System

In order to plan and administer project operations effectively, the Project Management Group will require extensive information about the kinds and amounts of service being offered by family planning programs in CWS assisted medical facilities. In order to improve and expand their services, local family planning program administrators also are in need of basic medical and statistical information about the patients they serve. This project will design and implement a management and program information

system to which all project components and all family planning service programs in CWS assisted facilities can contribute basic patient and program operations data and from which reports and recommendations for improving the quality and quantity of services and related activities can be made. Once established, this system will be used by the Project Management Group in such ways as the following:

a. To identify existing levels of service to patients and plan reasonable increments of service.

b. To identify basic statistical characteristics of patients being served.

c. To identify current levels of patient continuation and drop out in family planning programs of CWS assisted medical facilities.

d. To identify existing levels of patient/motivation and education and related activities in support of family planning programs in CWS assisted facilities and to suggest new areas in which to expand such activities.

e. To identify existing levels of other program operations, such as training for family planning staff, patient referral activity, etc., and to suggest ways in which these activities can be improved.

f. To prepare reports for the Project Management Group covering all aspects of project operations including procurement, distribution, and use of commodities and the provision of program development assistance to CWS assisted facilities overseas.

PPFA realizes the special difficulties of collecting useful patient and program operations information overseas and is committed to providing maximum assistance to family planning program staffs of CWS assisted medical facilities in coping with those difficulties.

PPFA is further committed to making the information provided by local family planning programs overseas useful not only to the Project Management Group and to CHS and A.I.D., but also to the local program administrators as they attempt to improve their service programs.

E. Project Evaluation

Internal evaluation of all project systems and components will be made by PPFA on a continuing basis as an integral part of the management, planning and program implementation processes. The President of the PPFA will give his personal attention to this aspect of the project.

Provision is also made for an independent evaluation by a qualified organization as a basis for surveying the progress of the project in achieving the stated objectives and to help in determining whether the project should be extended after the third year along the same or different lines, or be allowed to terminate. This evaluation would be carried out in accordance with an agreed plan by family planning management and systems consultants of a reputable firm or institution acceptable to PPFA, CHS and A.I.D.

\* (See asterisk on page 1 above)

The procedure for review of projects and of the total program will be worked out in a manner acceptable to the affected Regional Bureaus, TA/POP and the Grantees. This should be accomplished no later than three months after the effective date of the grant. These procedures will cover AID requirements with respect to the flexibility and the authority permitted to the Grantee in providing assistance to participating facilities. In submitting plans for projects for AID review the Grantee will describe objectives to be achieved and types and amounts of assistance to be provided to the Grantee. <sup>Sub-</sup> These procedures will be implemented in accordance with the workplan and time schedule described on pages 10 and 11. The countries in which the proposed facility is located which are not eligible to receive assistance under this grant because of statutory or other limitations will be identified to the

VI. Budget (A.I.D. Funds) \*  
 A. Summary

	<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>1970-1971</u>
<u>TOTAL PROJECT COSTS 1/</u>	<u>2,007,000</u>	<u>3,000,000</u>	<u>3,750,000</u>
<u>PERSONNEL</u>	<u>516,072</u>	<u>698,497</u>	<u>608,054</u>
Salaries	350,940	471,489	543,915
Fringe Benefits	49,132	66,008	76,142
Consultants and Contract Services	116,000	161,000	188,000
<u>TRAVEL AND SUBSISTENCE</u>	<u>48,000</u>	<u>60,000</u>	<u>66,000</u>
<u>OTHER PPFA DIRECT COSTS</u>	<u>93,000</u>	<u>101,000</u>	<u>112,000</u>
Office Rent and Maintenance	50,000	60,000	72,000
Headquarters Office Supplies and Services	24,000	34,000	35,000
Headquarters Equipment, Purchased and Rented	19,000	7,000	4,000
<u>LDC PROGRAM SUBGRANTS</u>	<u>1,133,000</u>	<u>1,854,549</u>	<u>2,475,500</u>
Commodities--			
Contraceptives, Equipment, and Other Supplies	978,000	1,649,549	2,200,500
Local Project Support	155,000	215,000	275,000
<u>INDIRECT ADMINISTRATIVE COSTS</u>	<u>209,928</u>	<u>275,954</u>	<u>283,435</u>

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Cumulative Total: \$8,750,000

For authorized FY 1971 funding see attached revised summary budget; page 36a.

B. Budget Detail

TOTAL PROJECT COSTS

PERSONNEL

Salaries

Project Management Group

Project Director (100% time)

Director of Project Development  
(100% time)

Director of Project Operations  
(100% time)

Project Development Group

Program Development and Administration  
Assistance Specialist (100% time)

Program Development and Administration  
Assistance Specialist (para medical, pre-  
ferably public health nurse midwife) (100% time)

Program Development and Administration  
Assistance Specialist (medical) (100% time)

Program Development and Administration  
Assistance Specialist (medical) (100%)

Motivational Materials and Methods  
Specialist (100% time)

Motivational Materials and Methods  
Specialist (100% time)

FIRST YEAR

SECOND YEAR

THIRD YEAR

\$2,000,000

\$3,000,000

\$3,750,000

516,072

698,497

808,064

350,940

471,489

543,916

27,500

28,875

30,319

25,000

26,250

27,563

22,500

23,625

24,806

20,000

21,000

22,050

20,000

21,000

25,000

26,250

27,563

25,000

26,250

25,000

26,250

27,563

25,000

26,250

BEST AVAILABLE COPY

Motivational Materials and Methods  
Specialist (100% time)

FIRST YEAR

SECOND YEAR

THIRD YEAR

Manpower Training Specialist (100% time)

25,000

26,250

25,000

27,563

Manpower Training Specialist (100% time)

25,000

26,250

Manpower Training Specialist (100% time)

25,000

Executive Management Project Support

President, PPFA (10% time)

6,000

6,000

6,000

Chief Executive Officer (10% time)

6,000

6,000

6,000

2 Secretaries (10% time)

1,600

1,680

1,764

PPFA Senior Staff Advisory Group

Director of Information and Education, PPFA  
(25% of time for 6 months)  
(10% of time after 6 months)

3,750

1,500

3,000

3,000

Director of Financial Management, PPFA  
(25% of time for 6 months)  
(10% of time after 6 months)

3,125

1,250

2,500

2,500

Director of Planning and Applied Research, PPFA  
(25% of time for 6 months)  
(10% of time after 6 months)

3,750

1,500

3,000

3,000

Director of Training, PPFA  
(25% of time for 6 months)  
(10% of time after 6 months)

3,125

1,250

2,500

2,500

4 Secretaries  
(25% of time for 6 months)  
(10% of time after 6 months)

3,600

1,440

3,024

3,175

	<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>
Project Operations Support Group			
Management and Program Information Specialist (100 % time)	22,500	23,625	24,606
Fiscal Officer (100% time)	20,000	21,000	22,050
Statistician (100% time)	12,500	13,125	13,781
Statistician (100% time)		12,500	13,125
Computer Programmer (25% time for 6 months) (10% time after 6 months)	2,250 900	1,890	1,985
Administrative Assistant (100% time)	12,500	13,125	13,781
Bookkeeper (100% time)	9,000	9,450	9,923
Bookkeeper (100% time)		9,000	9,450
7 Secretaries (100% time)	50,400	52,920	55,566
2 Clerk Typist (100% time)	13,000	13,650	14,333

FIRST YEARSECOND YEARTHIRD YEARPrime Benefits

@ 14% Total Salary Costs

19,13266,00876,148Consultants and Contract Services116,000161,000188,000

## Medical Consultants:

120 days @ \$100 per day

12,000

180 days @ \$100 per day

18,000

180 days @ \$100 per day

18,000

## Motivational Materials and Methods

## Consultants:

120 days @ \$100 per day

12,000

180 days @ \$100 per day

18,000

180 days @ \$100 per day

18,000

## Training Consultants:

120 days @ \$100 per day

12,000

180 days @ \$100 per day

18,000

180 days @ \$100 per day

18,000

Contract Printing of Education  
and Communications and Training  
Materials

24,000

36,000

48,000

Contract Printing of Motivational  
and Training Materials

24,000

36,000

48,000

Computer Services Contract

12,000

15,000

18,000

	<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>
Project Audit Fee	5,000	5,000	5,000
Project Evaluation Team and Report	15,000	15,000	15,000
<u>TRAVEL AND SUBSISTENCE 2/</u>	<u>48,000</u>	<u>60,000</u>	<u>66,000</u>
8 project staff members and short-term consultants	48,000		
12 project staff members and short-term consultants		60,000	
14 project staff members and short-term consultants			66,000
<u>OTHER PFFA DIRECT COSTS</u>	<u>93,000</u>	<u>101,000</u>	<u>112,000</u>
Office Rent and Maintenance 3/	<u>50,000</u>	<u>60,000</u>	<u>72,000</u>

2/ United States and International

3/ Under the Federation's Cost Accounting System, projections for such items as rent and occupancy costs, insurance and maintenance, consumable supplies, and rental lease or purchase of equipment, have been developed on experience factors related to direct salary dollars. Estimated percentages are derived from actual current costs of similar project activities resulting in the most realistic cost projections possible.

It should be noted that only budget estimates are built on the experience factor basis. Under the Federation's Cost Accounting System, all costs are charged to projects on direct expenditure basis and in no event can more than actual allowable costs be charged to a particular project.

	<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>
<u>Headquarters Office Supplies and Services</u>	<u>24,000</u>	<u>34,000</u>	<u>36,000</u>
Telephone, Telegraph, Postage <sup>4</sup>	12,000	18,000	18,000
Office Supplies	6,000	8,000	9,000
Xerox and mimeograph	6,000	8,000	9,000
<u>Headquarters Equipment, Purchased and Rented</u>	<u>19,000</u>	<u>7,000</u>	<u>4,000</u>
Office equipment	14,000	5,000	2,000
Audio-visual equipment (for project staff use)	5,000	2,000	2,000
<u>LDC PROGRAM SUBGRANTS</u>	<u>1,133,000</u>	<u>1,864,549</u>	<u>2,475,500</u>
<u>Contraceptive Supplies and Equipment, Procurement and Transportation Costs</u>	<u>978,000</u>	<u>1,649,549</u>	<u>2,200,500</u>
Contraceptive Supplies:	<u>543,000</u>	<u>997,049</u>	<u>1,221,750</u>
Orals			
1 million cycles	180,000		
1.8 million cycles		331,000	
2.25 million cycles			405,000
IUD's			
350,000	122,000		
643,000		224,000	
787,500			274,500
Inserters			
50,000	2,000		
172,500		4,000	
			4,500

<sup>4</sup> See footnote on preceding page.

FIRST YEARSECOND YEARTHIRD YEAR

Condoms			
20,000 gross	56,000		
37,000 gross		102,000	
45,000 gross			126,000
Diaphragms			
100,000	50,000		
184,000		92,000	
225,000			112,500
Vaginal Foams and Jellies	3,000	5,000	6,750
Freight and Handling -- Contraceptives	130,000	239,049	292,000
<u>Clinical and Other</u>			
<u>Equipment and Supplies:</u>	<u>435,000</u>	<u>652,500</u>	<u>978,750</u>
Medical instruments and Clinical Equipment including freight	125,000	187,500	281,250
Medical Training Aids, e.g. Pelvic models, charts and publications including freight	30,000	45,000	67,500
Vehicles and Spare Parts	55,000	82,500	123,750
Vehicle Maintenance, Gasoline and Local Travel	50,000	75,000	112,500
Audio-Visual Training and Motivational Equipment including projectors, screens, etc.	50,000	75,000	112,500
Office Equipment and Supplies	125,000	187,500	281,250

	<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>
<u>Local Project Support</u>	<u>155,000</u>	<u>215,000</u>	<u>275,000</u>
Training conferences, workshops and seminars	50,000	75,000	100,000
Motivational and Training Materials Development and Distribution projects	30,000	40,000	50,000
Management and Program Information Systems (design, testing, operating costs)	25,000	25,000	25,000
Program Sub-grants (includes applied research and demonstration projects)	50,000	75,000	100,000
<u>INDIRECT ADMINISTRATIVE COSTS</u> (PPFA Hdqtrs)	209,928	275,954	288,435

TA/PCP/PGD:IBWalker:4-21-71

VI. Budget (A.I.D. Funds)  
A. Summary

(Revised 5/15/71 to conform to approved PIO/T for FY 1971 funding)

	<u>FIRST YEAR</u>	<u>SECOND YEAR</u>	<u>THIRD YEAR</u>
<b>TOTAL PROJECT COSTS 1/</b>	<b><u>2,000,000</u></b>	<b><u>900,000</u></b>	<b><u>900,000</u></b>
<b><u>PERSONNEL</u></b>	<b><u>516,072</u></b>	<b><u>516,072</u></b>	<b><u>516,072</u></b>
Salaries	350,940	350,940	350,940
Fringe Benefits	49,132	49,132	49,132
Consultants and Contract Services	116,000	116,000	116,000
<b><u>TRAVEL AND SUBSISTENCE</u></b>	<b><u>48,000</u></b>	<b><u>48,000</u></b>	<b><u>48,000</u></b>
<b><u>OTHER PPFA DIRECT COSTS</u></b>	<b><u>93,000</u></b>	<b><u>93,000</u></b>	<b><u>93,000</u></b>
Office Rent and Maintenance	50,000	50,000	50,000
Headquarters Office Supplies and Services	24,000	24,000	24,000
Headquarters Equipment, Purchased and Rented	19,000	19,000	19,000
<b><u>LDC PROGRAM SUBGRANTS</u></b>	<b><u>1,133,000</u></b>	--	--
Commodities --			
Contraceptives, Equipment, and Other Supplies	978,000	--	--
Local Project Support	155,000	--	--
<b><u>INDIRECT ADMINISTRATIVE COSTS</u></b>	<b><u>209,928</u></b>	<b><u>242,928</u></b>	<b><u>242,928</u></b>

1/ Cumulative Total: \$3,800,000