

Proj. 93209780
690
PD-AAD-600-B1

I. PROJECT IDENTIFICATION
 1. PROJECT TITLE
Management and Consultant Services for Family Planning Program Evaluation

2. PROJECT NO. (M.O. 1095.2)
931-11-5-0-900
 5. SUBMISSION ORIGINAL **4/12/72**
 REV. NO. _____ DATE _____
 CONTR./PASA NO. _____

3. RECIPIENT (specify)
 COUNTRY _____
 REGIONAL _____ INTERREGIONAL **TA/POP**

4. LIFE OF PROJECT
 BEGINS FY **1972**
 ENDS FY **1975**

H. 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>28p.</u> (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) (000)	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT (B) BUDGET	
1. PRIOR THRU ACTUAL FY												
2. OPRN FY R 72	1658							1658	415			
3. BUDGET FY XXXXXX								XXXX	XXX			
4. BUDGET +1 FY												
5. BUDGET +2 FY												
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	1658							1658				

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER Robert D. Bush <i>Robert D. Bush</i>	TITLE Economist, Analysis and Evaluation Division, TA/POP	DATE 4/13/72
2. CLEARANCE OFFICER James W. Brackett <i>James W. Brackett</i> R. T. Ravenholt <i>R. T. Ravenholt</i>	TITLE Chief, Anal. & Eval. Div. Director, Office of Population	DATE 4/13/72

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
ASIA/OPP	J. Alden (memo)	4/21/72	LA/DP	J. Heller (memo)	4/19/72
EA/SA/IR	R. Johnson (memo)	3/28/72	SA/VN/ND	D. Goodwin (memo)	4/20/72
AFR/TAG	P. Lyman (memo)	4/26/72	TAPM	<i>J. Kean/Klevick</i>	<i>6/9/72</i>

3. APPROVAL AAS OR OFFICE DIRECTOR
 SIGNATURE *J. Kieffer* DATE **6/7/72**
 TITLE AA/IR **J. Kieffer**

4. APPROVAL A/AID (See M.O. 1025.1 VI C)
 SIGNATURE _____ DATE _____
 ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

April 12, 1972

PROP -- MANAGEMENT AND CONSULTANT SERVICES FOR
FAMILY PLANNING PROGRAM EVALUATION

1. The Project Goal

a. Statement of Goal

To assist LDCs to provide safe, effective and acceptable family planning services to the entire population in such manner as to encourage lifetime voluntary family planning through the improvement of family planning program management-evaluation.

b. Measurement of Goal Achievement

Program reports and surveys will provide measures of progress through intermediate objectives toward the final goal:

(1) Intermediate objectives: To have existing in family planning programs:

- (a) Functioning management-evaluation systems and studies
- (b) Trained staff
- (c) Utilization of above systems by program managers in their decision-making process.

(2) Final goal: Elimination of unwanted births with a consequent reduction of births to complete a demographic transition from high birth and high death rates to low birth and low death rates through the provision of readily available family planning services.

c. Basic Assumptions of Goal Achievement

- (1) LDCs will accept assistance in the management-evaluation area
- (2) AID will be able to work informally toward the more orderly provision of technical assistance with the other donor groups
- (3) Improved management-evaluation systems will be used to improve program decision-making.

(4) Improvement program management will improve the provision of family planning services.

(5) The decline of the birth rates of LDCs can be significantly accelerated by the provision of good FP services.

2. The Project Purpose

a. Statement of the Purpose

To improve AID's technical assistance activities in family planning management-evaluation by the creation of a single, highly competent, readily accessible source of information and analysis on the work in this area. This group would assume a supporting role in the development, planning and oversight of the AID assistance program for improving the administration and evaluation of FPP. The Contractor will serve as AID's central point of professional and technical contact with field activities in this area, evaluate programs and projects on all levels, collect and analyze FPP data, and disseminate program information. The Contractor will thus be able to:

(1) Provide to AID/W and USAID Missions, information concerning the activities of other AID contractors and other bilateral and international assistance agencies working in FPP evaluation and administration,

(2) Provide to AID/W and USAID Missions, information about and recommendations for the improvement of the planning, administration and effectiveness of LDC FPPs and of AID's assistance thereto, and

(3) Identify for AID/W and USAID Missions, useful projects in the evaluation and management of FPPs that could be added to AID's repertoire, and duplicative or ineffective activities that should be dropped.

b. Conditions Expected at End of Project

Mechanisms will be in effect and an organization will exist which shall have demonstrated the capabilities outlined above by having undertaken the necessary activities and provided the reports and recommendations upon which AID will have based its policy and program support to the

evaluation and administration of FPPs in the LDCs. Specifically, there will be available to AID:

(1) Detailed and systematized information about program plans and current activities in FPP evaluation and management of the international agencies, other bilateral programs, and NGOs, as well as of AID and its contractors,

(2) Information and analysis necessary for the participation, collaboration or integration of AID activities in this area with those of other agencies, and

(3) Information about the planning, organizational effectiveness, and contraceptive results of FPPs in the LDCs assisted by AID, together with recommendations for their improvement.

4. Basic Assumptions

(1) AID policy will increasingly seek to employ contractors in the collection of information on effort in a particular field of endeavor, and the formulation of recommendations for coordinated action to AID.

(2) AID/W and USAID Missions will find the data and evaluative information which are collected useful in the development of population policy and FPP assistance projects.

(3) Information exchange is the initial step toward coordination in family planning management-evaluation.

(4) Increased information leads to more rational decision-making.

3. Project Outputs

a. Outputs and Output Indicators

OUTPUT	INDICATOR
<p>(1) Status reports on AID centrally-funded contracts in FP evaluation and management, with evaluative commentary and recommendations.</p>	<p>Minimum of one annual report on each such contract.</p>
<p>(2) Reports on assistance agencies outside AID concerning plans and programs which have or should have an evaluation element, in order to identify where AID assistance is possible and is indicated and where duplication or conflict exists or potentially may occur.</p>	<p>Effective contact established with UN family (UNFPA, WHO, PAHO, IBRD, ECAFE, etc.), NGOs (IPPF, Pop. Council, Rockefeller, Ford, etc.), other bilateral programs, and domestic programs (HEW, OEO, etc.).</p> <p>Annual report detailing contacts and possible collaborative activities.</p>
<p>(3) Annotated catalogue of contracts and projects dealing wholly or in part with evaluation and management of FPP, worldwide, within: AID and USAID Missions, other assistance agencies, and national FPP.</p>	<p>Gradually expanding catalogue complete by end of 3d contract year.</p>

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <p>(4) Comprehensive reports on plans, organization and results of <u>National FPPs</u>, with evaluation of strengths and weaknesses, and recommendations for actions to improve and support them.</p> | <p>Up to three reports during 1st project year, and up to 10 reports per year during 2d and 3d years.</p> |
| <p>(5) Comprehensive reports on <u>AID-supported FP activities</u> in individual LDCs or to NGOs or to international agencies, with recommendations.</p> | <p>Same as for (4), often combined in same report.</p> |
| <p>(6) Comprehensive reports on FP assistance activities of <u>NGOs, international agencies, and other bilateral programs</u>, in individual LDCs, with recommendations for AID integration or collaboration,</p> | <p>Same as for (4), often combined in same report.</p> |
| <p>(7) Ad hoc evaluation reports of individual AID projects, at specific request</p> | <p>Services and reports provided as requested.</p> |
| <p>(8) Ad hoc evaluation of plans for or implementation of evaluation and management activities, including training in this area, in specific countries at specific AID request.</p> | <p>Services and reports provided as requested.</p> |

- (9) Collection of essential data on LDC national FPP parameters and accomplishments, including "input data" to permit cost effectiveness for storage analysis at BuGen. Accepted format and program initiated during 1st year. Basic data received from all LDC FPPs by end of 2d year. Fully mature and functioning collection system during 3d year.
- (10) Standardized "Country Profiles" of FPP data from storage system at BuGen, in collaboration with BuGen. Special tabulations and analyses as indicated. Country Profiles from minimum of 5 LDCs by end of 1st year, 25 LDCs by end of 2d year, and all LDCs by end of 3d year. Annual worldwide summary.
- (11) Collection, editing and dissemination of informal information on field experiences in FPP evaluation and management, new techniques and program developments in evaluation, training activities, etc. Newsletter produced and distributed to FPP national directors and foreign advisors by end of 1st year, and quarterly thereafter.
- (12) Identification of program gaps in AID's effort to provide useful assistance in evaluation and management of FPP, with recommendations to AID. Reports and position papers as indicated, including, minimally, one written annual review.

- (c) Three professional assistants with past experience and skills drawn from areas such as medical epidemiology, sociology, management science, public program management, program evaluation, data collation and analysis
 - (d) Editor-cum-Writer
 - (e) Secretary-cum-Office Manager
 - (f) Two clerk-typists
- (3) TDY consultant services - up to a maximum of 200 person-days during 1st contract year, adjusted by amendment during subsequent years as indicated by demand.
 - (4) Temporary or part-time junior staff, in a trainee or intern capacity -- up to a maximum of two man-years per year, and for no longer than one year duration per person.
 - (5) Subcontracting authority for publication and distribution of newsletter and certain reports.

b. Budget

Support will be obligated for three years, as shown on face sheet. The budget for each year will be the same except for projected salary increases each year and a decreased allowance for equipment after the first year. Details of the first year budget are as follows:

1. Permanent staff		
Project Director (33%)	\$12,000	
Project Manager	36,000	
Medical epidemiologist	32,000	
Other professionals (2)	28,000 (X 2)	
Editor/writer	20,000	
Executive Secretary	12,000	
Clerk-typists (2)	8,000 (X 2)	
Typist (pool, intermittent)	<u>8,000</u>	
		\$192,000
2. Personnel benefits (25% of above)		48,000
3. Overhead (61.5% of 1 and 2)		147,600
4. Consultants (200 person-days per year at \$135 per day)		27,000
5. Interns (360 work-days per year at \$25 per day)		9,000
6. Travel		
a. Foreign (20 trips by staff, 10 trips by consultants - fares and per diem)		62,250
b. Domestic (staff and consultants)		22,500
7. Other direct costs		
Rental	11,050	
Equipment	16,200	
Supplies	5,400	
Communication	5,000	
Printing	5,000	
Equipment rental	<u>1,600</u>	
	Total	44,250
	GRAND TOTAL	\$552,600

Three years = \$ 1,657,800

c. Basic Assumptions

The APHA has demonstrated its ability to undertake independent responsibility within and outside the United States for all of the types of services called for in this contract - to provide program evaluations and recommendations for responsive actions, to collect and analyze data from public programs, to work cooperatively with other organizations and foreign government agencies, to recruit and utilize effectively temporary consultants, to publish widely-read newsletters and reports, and to handle sensitive information with discretion and tact. The APHA has, furthermore, established a Division of International Health Programs (DIHP), directed by Dr. Malcolm Merrill who was Deputy Assistant Administrator for Food, Population and Health, AID, from 1967-69.

For over 50 years the APHA has been providing a consultation and evaluation service to State, Country, City and other health agencies in the United States. These have ranged all the way from comprehensive administrative and program reviews and evaluations to detailed studies of individual program elements. Within recent years such evaluations have been done in Montgomery County, Maryland; Guilford County, North Carolina; Los Angeles County, California; State of Colorado; Seattle-King County, Washington; and Dupage County, Illinois. Current studies are under way in Wisconsin, Alabama and Fulton County, Georgia.

Applying comparable techniques, the Association recently completed a study for AID in Korea, did an evaluation of the AID-financed Center for Disease Control-administered Smallpox Eradication-Measles Control Program in 20 West-Central Africa countries, and has, during the past two years, programmed some 50 missions of consultants to AID-assisted countries around the world in a wide variety of evaluative-consultation projects.

In connection with this program, the Association has developed a roster of over 400 specialists in fields related to population, family planning, health and nutrition, who have indicated an interest in short-term consultative missions.

Supplementing this resource, the Association is in a position to call upon its membership of some 25,000 multidisciplinary public health professionals to assist in its programs. Through this membership, the Association has 20 scientific sections and numerous councils and committees working on various aspects of health. Included are specific Councils on Population, Disease Prevention and Control, Environment, Personal Health Services and Laboratory Standards and Practices. In addition, there are a number of coordinating committees including a Coordinating Committee on International Health and one on Administration: Planning, Management, Evaluation and Health Intelligence. The programs of these two coordinating committees and the Council on Population are particularly relevant to the proposed project.

Furthermore, the Association is currently conducting an analysis of the role of voluntary health organizations in developing countries. Already much information concerning number, kinds, programs and roles of such organizations has been accumulated. This activity relates also to the program of the World Federation of Public Health Associations, of which the APHA is a member.

Finally, the Association is currently conducting a program of consultation to the Ministry of Health of Indonesia in the field of health education. APHA staff members are in residence in Indonesia to direct this program.

It is assumed, therefore, that APHA, through its DIHP, will be able to provide the overall guidance and direction of the FPP Evaluation Unit and its personnel which would be created to provide the contractual services described above.

5. Rationale

"AID considers evaluation essential for effective management. The primary purpose of evaluation is to provide information to program personnel who must take management decisions. Its function is to help them to assess the progress of programs and program elements, to determine how and why a program or activity is or is not succeeding, and to identify steps needed for program improvement." (Population Program Assistance, 1971, p. 42). It is appropriate, therefore, that evaluation is included as a most important component of Goal 4, "Development of more adequate systems for delivery of family planning services" in AID's population and family planning assistance strategy.

Since evaluation exists to serve management, there are as many types and levels of evaluation as there are types and levels of management. Of an almost limitless spectrum of possibilities within the orbit of FPP, the following hierarchy of activities in evaluation may be enumerated as the necessary components of AID's population interests and responsibilities in this field:

a. The development of evaluation methods and techniques - to provide tools to FPP,

b. The incorporation of effective evaluation procedures into the management of FPP - to ensure that the tools are utilized and the results are applied to program planning and improvement,

c. The optimization of quantity and mix of FPP assistance provided to individual LDCs - to ensure that AID's assistance is appropriate to the need,

d. The integration of the assistance provided by AID and other donor agencies to obtain the most effective and efficient utilization of limited resources, and

e. The description and tabulation of the results of FPP activities-- to document progress and, hopefully, to measure the effects of AID assistance, and thus to justify to Congress and the American people the expenditure of the funds provided.

The project described herein is intended to assist in providing for these needs of AID. It will support an organizational mechanism able to bring together information about and supplement the services now provided by AID/W and USAID Mission contracts, PASAs, and other activities. This contract will not supplant, restrict, or diminish the importance of existing projects; the contractor will, on the contrary, rely heavily on the knowledge, advice and support of the contractors and Mission Population Officers upon whom he will depend and to whom he will offer technical and professional assistance.

The reorganization of AID, announced by Dr. Hannah in his memorandum of January 24, 1972, mandates a number of changes which both necessitate and facilitate the concentration of responsibility for defined areas of effort, such as that proposed in this project. First, "The Office of Population will be responsible for planning, developing and monitoring the implementation of all population projects." Such centralization will simplify the comprehensive surveillance of all our assistance to FPP, and it is proposed herein to centralize the evaluation of the broad program.

Second, Dr. Hannah states that "increasingly, AID's role will be to plan . . ., . . . fund . . ., then monitor . . ." development programs. This definition of our role, when combined with past and future reduction of AID staff and the injunction to make greater use of private groups "with a minimum of direct U.S. government supervision" requires the enlistment of capable American organizations to assume a supportive role to extend the reach of a diminished AID staff.

Third, Dr. Hannah noted that "Another important change is the fact that the U.S. is not as predominant in the development assistance field as it once was. A broad international system for sharing the responsibility for development assistance and for coordinating donor country effort is emerging. It will be a major purpose of AID in the future to encourage the further development of this system."

The project described herein is entirely consistent with and supportive of Dr. Hannah's concept of the AID of the future. This contract would enable the APHA to serve as a centralized resource, to provide information to AID to permit more effective monitoring by AID of its family planning projects, to make recommendations to AID for more sharply directed planning, and to help to coordinate the efforts of AID with those of other donors.

6. Course of Action

Since planning and evaluation are essential functions of any organization during its entire lifetime, this project, to the extent that it provides AID with the information needed for program management, is visualized as of potentially indefinite duration. Therefore, although organizational evolution and changes in functions and methods would be expected, if service proves as useful as anticipated, extensions of this activity are contemplated.

This project shall be of three years duration, developing in three phases, as follows:

Phase 1. Organizational Development - 9 months

During this developmental period, the Evaluation Unit of APHA will be organized; personnel will be recruited; contacts will be established within AID and its evaluation contractors and with other USG, NGOs, and international organizations dealing with P/FPP; and understanding will be acquired of the goals, operational methods, problems and needs of AID and these other organizations.

In addition to the organizational and orientational activities, during Phase 1, the APHA/EU will begin substantive work as follows:

- a. The format for the storage and presentation of FPP data will be developed with BuGen and approved by AID, and the system for data collection will be constructed. The system will be introduced to the USAID Missions, other FP assistance agencies, and an initial sample of national FPPs.
- b. The format for the annotated catalogue of evaluation and management projects will be constructed, and an initial sample of entries will be made.
- c. At least one comprehensive report each on a national FPP, AID-supported activities in an individual LDC, and the constellation of other-agency support to an individual LDC will be prepared, although these may be combined in one report on a single country.
- ~~d. Major consultations and evaluation missions will be undertaken by full-time staff and/or FPP consultants (and trainers), as requested.~~
- e. The practicability and utility of coordinated or integrated work with agencies outside AID will be tested by at least one major attempt

to plan a combined program in which AID and another agency would participate in joint planning and the provision of resources.

During the month following the end of this Phase, a major review and evaluation of the contract will be conducted (without interruption of the program and on-going plans) to determine the effectiveness of the approaches undertaken - their practicability, acceptability, and utility. Modifications will be made in the APHA/EU program or structure, by mutual agreement between AID and the contractor, as suggested by the review.

Phase 2. Growth - 15 months

During the following one and one-quarter years, the fully-staffed Unit will implement the program in full, to deliver the outputs enumerated above or as modified by the Phase 1 review. During this period of time, however, modifications will be anticipated, in procedures, the format of reports, and in the types of services requested and delivered. Specifically, the volume of TDY consultant services will be adjusted to demand.

Of great importance during this phase of the contract will be the extent to which the contractor is able - professionally, administratively, and politically - to assume the initiative in identifying areas of work and individual projects that should be undertaken, and recommending these persuasively to AID/W and USAID Missions.

During the month following the end of Phase 2, a second major review and evaluation will be conducted. Upon this will be based possible further modifications in the general orientation of and the specified procedures employed under the contract.

Phase 3. Maturity

Following the Phase 2 review, the APHA/EU will be considered a fully-developed arm of the AID Population/Family Planning Activity, and it will implement the program outlined above, as modified by that review. Although approaches will have been standardized and routinized in large part, the contractor and AID will continue to recognize the changing needs for assistance in evaluation and management, as LDC FPPs change and mature, and flexible adaptation will be made to new circumstances.

During Phase 3, consideration will be given to extension of the contract for such time as then appears indicated.

November 28, 1973

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, PHA

FROM: PHA/PRS, Mary ~~Fewler~~ 

PROBLEM: To approve (1) a PROP addendum for Management and Consultant Services for Family Planning Program Evaluation (Project No. 932-11-580-978); and (2) a PIO/T for \$209,757 to initiate the project this FY via a PASA with the Center for Disease Control (CDC).

DISCUSSION: The PROP for this project was approved by you in June 1972. Originally POP proposed to implement the project in FY 1972 through a contract with APHA, but this action was postponed for various reasons. In October, 1973 a PIO/T to implement the project via a PASA with CDC was submitted to PRS for review. L

In view of the time lag since the PROP was approved and the change in the proposed implementing agent, PRS raised a number of questions/issues regarding the PROP and, to a lesser extent, the PIO/T. All of these have been satisfactorily answered or resolved and needed changes in the PROP are listed in the proposed PROP addendum. Basically, the changes were needed to take account of the current population priorities exercise and to facilitate eventual project evaluation. Since the changes do not significantly alter the project goal and purpose, reclearance by Regional Bureaus and PPC was not considered necessary. The principle changes are outlined below for your information.

1. Clarification of Project Purpose.

The project purpose, as revised, is to improve the management and evaluation capability of family planning services programs in LDCs. CDC will help accomplish this by examining family planning programs, assessing problems, and providing

to A.I.D. and appropriate host country officials actionable recommendations for resolution or alleviation of these problems. Where short-term actions are indicated, CDC may provide the necessary on-site technical assistance to resolve the problem. If longer-term action is necessary, or CDC cannot undertake the recommended action, CDC will assist in finding a suitable organization to implement the strategy for change. Achievement of the project purpose will be measured primarily by re-visits to the selected programs to assess the degree to which technical assistance was provided and was effective. The project as amended will run for a three year period at a total estimated cost of \$1,250,000.

2. Need for Assistance in Management Evaluation of Family Services Programs.

The priorities reviews held to date, as well as field visits by PHA/POP personnel, indicate a generally widespread need for improvements in the management and evaluation of service programs (e.g. improving client-record data, facilitating availability and use of contraceptives). While the PROP does not indicate the specific needs to be addressed in specific countries, it provides a system whereby AID and CDC will periodically decide what particular programs and problems will be addressed within the general area of management and evaluation of family planning services activities. These decisions will be guided by the results of the current priorities study. Specifically, the PROP addendum (p. 5) indicates that an effort will be made to select for assistance high priority family planning program needs in those countries having a high priority, as determined by AID.

3. Planning and Monitoring Procedures.

In view of the fact that specific programs and problems are not identified at the project's outset, but will be developed periodically between AID and CDC, PRS believes some elaboration of the planning and monitoring procedures for such sub-project development should be included in the PROP

addendum. POP and PRS have agreed to a procedure (p. 5 of addendum) whereby AID/W will solicit Mission views on technical assistance needs and services available from CDC. From countries expressing interest in CDC services, POP and CDC will select a number (6-10 during the remainder of this FY) for technical assistance, consistent with the results of the priorities study. Missions would then be notified of the results of AID/CDC discussions. PRS review from the standpoint of consistency with the priorities study results would be retrospective rather than prospective--we would review CDC reports and participate in the annual project evaluation, rather than clearing in advance the selection of specific programs and problems to be addressed by CDC. We consider this an adequate review mechanism for a project which is just getting off the ground. After 6 to 12 months experience with activity under the project we will need to review whether the procedures are sufficient.

During our review we also raised the question whether the proposed activity overlaps with services provided under on-going projects--in particular those with the University of Chicago (842), Columbia University (855), and Management Services for Health (951). POP indicates, and we agree, that while these three activities do cover the same general area of family planning services management and evaluation, they do so from a different perspective than the proposed arrangement with CDC. In this regard, it should be noted that:

- a. The three on-going contracts have a number of functions, only one of which is technical assistance. This assistance usually entails a longer-term involvement with the relevant program than is envisaged with the proposed CDC activity. CDC will concentrate on programmatic problems which lend themselves to relatively quick ameliorative action. For problems requiring a more intensive or extensive effort, CDC will recommend suitable organizations. These might include Columbia, Chicago, or MSH.

- b. CDC will have the flexibility and staff time to respond quickly to AID needs. Under the other three projects, the staff have other contractual and organizational demands which make such responsiveness more difficult.
- c. POP believes that CDC has illustrated its competence in family planning management/evaluation through its past work with AID (in Thailand, Indonesia, Mexico, Guatemala, El Salvador, Chile and Pakistan) which has been well received by AID/W, Missions, and host country personnel.

While we recognize the differences between the three contracts and the activity proposed for implementation through CDC, some questions did arise during our discussion with POP as to the utility of the other three projects--e.g. do they address priority country needs? These questions need to be considered during the priorities reviews of the relevant functional categories so we can assess how these three projects should be handled in the future.

RECOMMENDATION:

1. That you sign and thereby approve the attached PROP addendum.
2. If you approve, we will process the PIO/T to initiate the project this FY with CDC. The PIO/T has already been reviewed by PRS--it is consistent with the PROP and addendum, and is properly budgeted--and has been forwarded to PPC for clearance. (The budget materials on this project which were submitted for the OMB presentation were deemed inadequate by PPC and thus PPC's clearance is needed on the PIO/T.)

cc: DAA/PHA, HSCrowley
 PHA/POP, RTRavenholt
 PHA/POP, RBacklund

PHA/POP, JSpeidel
 PHA/PRS, WLeves
 PHA/PRS, ABigelow

5. Rationale

Remains - Except read CDC where APHA is indicated.

6. Course of Action

a. Retain first paragraph; delete remaining ones.

b. Add:

AID/W and CDC will coordinate efforts under this PASA with the country population priorities study AID is currently undertaking. Specifically, an effort will be made to select for study and examination high priority family planning program needs in those countries having a high priority, as determined by AID. It is understood that countries with the highest priority may, for various reasons, not be chosen during the meetings described in 19 B.5. Presently, countries being considered are: Indonesia, Bangladesh, Pakistan, and Nigeria. These, and other countries, will be discussed in the initial meeting. Annual review of the project will assess the match between AID's population priorities of where and what, and countries and functional areas in which CDC technical assistance was rendered at AID request.

c. Add:

The following procedures will be followed in order to insure adequate planning and monitoring of the AID/CDC PASA:

1. Soon after the PASA is formalized, an airgram will be circulated to Missions and/or Embassies which will
 - a. Outline the services offered under the PASA
 - b. Solicit reaction to the services, and
 - c. Solicit technical assistance, needs, and desires.

2. CDC senior staff will undergo a one week orientation at PHA/POP prior to any country visits.
3. From the countries that expressed interest in utilizing CDC services (see 1), PHA/POP and CDC will select a number for technical assistance. Every effort will be made to select needs and countries consistent with the results of the population priorities study (see 6.b.). Cables will be sent to these countries asking to confirm their interest and to solicit further comments.
4. Standard clearance procedures will be followed at all times.
5. Copies of all CDC reports will be sent to PHA/PRS.
6. PRS will participate in the annual review of the CDC PASA.

Drafted: PHA/POP/R, D.G. Gillespie 90D 11/26/73
 Cleared: PHA/POP, R.T. Ravenholt RT 11-26-73
 PHA/PRS, M.Fowler MF 11/27/73
 Approved: AA/PHA, J.A. Kieffer JAK 11/30/73

ADDENDUM

November 12, 1973
Revised 11/26/73

Clarification of Project Purposes and Outputs

NONCAPITAL PROJECT PAPER (PROP)
No. 931-11-50-978

Introduction: The purpose of this addendum is to clarify the relationship between this PROP and the PIO/T resulting from it (Management and Consultant Services for Family Planning Services Evaluation, No. 407-32-099-00-81-41). The PROP was written in April, 1972 and the PIO/T in September, 1973. The latter went through numerous versions. PHA/POP and PHA/PRS staff held several meetings concerning the PROP and PIO/T. While all participants agreed that the PIO/T reflected the general intent of the PROP, it was also agreed that the manner in which the PROP outlined the project's purpose required clarification.

Below are the points of clarification agreed upon.

1. The Project Goal

This section remains unchanged.

2. The Project Purpose

a. Statement of the Purpose

This section changed to: To improve the management/evaluation capability of family planning services programs in less developed countries.

Sub-sections (1), (2), and (3) remain.

b. Conditions Expected at End of Project

Changed to: The resolution or alleviation of programmatic problems addressed which require short-term action. Mechanisms to resolve problems requiring long-term action will be in operation. The above will be determined by a re-visit of the programs to assess the degree to which technical assistance was implemented.

Sub-section (1), (2), and (3) are deleted.

4. Basic Assumptions

Sub-sections (1), (2), (3), (4), are deleted.

Changed to: A.I.D., USAID Missions, and host countries will implement technical assistance recommendations.

3. Project Outputs

a. Outputs and Output Indicators

<u>Output</u>	<u>Indicator</u>
1. Delete	
2. Changed to: Assessment of the Management/Evaluation Capability outside USAID in the host countries visited.	"Effective...(HEW), private organization (universities, research and consulting firms, etc.). This will be included in trip reports.
3. Delete	
4. Changed to: Reports on major FPP evaluation of host country which will include plans, organizations, and results.	Reports on major evaluation.
5. Changed to: Assessment of A.I.D. supported FP activities in individual LDCs.	This will be included in trip reports.
6. Deleted	
7. Deleted	
8. Remains	
9. And provide assistance for coding, processing, and analysis to FPP personnel in host countries.	Remains
10. Change "Country Profiles" to "Standard Country Family Planning Status Report"	Change to: Final draft will be available for use at the end of the 1st year.

- 11. Change to: Assist in the development of case studies of FPP's which have resolved programmatic problems.
- 12. Remains
- 13. Add: Services will be provided which identify problems in FPP's and implement and/or recommend actions which attempt to resolve these problems. (Problems and the FPP's cannot be identified at this point. Periodically, specific work plans will be developed with A.I.D.)
Implementation of services.
- 14. Orientation programs in FP⁷ for LDC students studying in USA will be given. Programs will be not more than 2 weeks long. Students' expenses largely covered by other funds.
management and evaluation Reports describing participants and nature of the orientation provided to them.

b. Budget

Changed to: Support will be obligated on a yearly basis. The first year budget (pro-rated to 7 months) is given below:

1. Permanent Staff

Med. Officer	\$ 9,000
Chief Med. Officer	8,830
Med. Officer	16,962
Med. Officer	16,962
Stat./Demographer	14,607
Statistician	5,514
Statistician	5,812
Statistician	5,812
Statistical Clerk	3,736
Writer/Editor	5,165
Secretary	5,165
Secretary	<u>5,165</u>

\$102,730

\$102,730 (Cont'd
from pg. 3)

2. <u>Personnel Benefits</u>		12,628
3. <u>Travel</u>		
a. International Travel	\$23,990	
b. Transportation of Things	8,400	
c. Domestic Travel	<u>8,200</u>	
		40,590
4. <u>Other Direct Costs</u>		
Rent, Communications, Utilities	6,400	
Printing	5,000	
Supplies and Materials	2,000	
Other Services	2,900	
Equipment	<u>2,550</u>	
		18,850
5. <u>Overhead (20%)</u>		34,959
	<u>Grand Total</u>	<u>\$209,757</u>

Increased efforts are anticipated for years 2 and 3. For Year 2, an approximate budget of \$475,243 is anticipated. For Year 3 the anticipated budget is \$565,000. Total for the 3 year period is \$1,250,000.

c. Basic Assumptions

Change to: The Center for Disease Control, CDC, and its Family Planning Evaluation Branch has a world-wide reputation in the area of this PROP. It has extensive domestic and international experience. Under A.I.D. and USAID sponsorship, they have given technical assistance in numerous LDC's, including most recently Thailand, Indonesia, Mexico, Guatemala, El Salvador, Chile, and Pakistan. It attracts highly qualified personnel as a result of this reputation, especially young M.D.'s