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PD-AAA6-271-B1

9320537004201

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT PAPER FACESHEET

1. TRANSACTION CODE: A (A = ADD, C = CHANGE, D = DELETE)

PP

2. DOCUMENT CODE: 3

3. COUNTRY ENTITY: Worldwide

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 digits): 932-0537

6. BUREAU OFFICE: A. SYMBOL: DSB; B. CODE: 36

7. PROJECT TITLE (Maximum 40 characters): International Fertility Research Program

8. ESTIMATED FY OF PROJECT COMPLETION: FY 82

9. ESTIMATED DATE OF OBLIGATION: A. INITIAL FY 78; B. QUARTER 4 (Enter 1, 2, 3, or 4); C. FINAL FY 81

10. ESTIMATED COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY B. FX	FIRST FY C. L/C	FIRST FY D. TOTAL	LIFE OF PROJECT E. FX	LIFE OF PROJECT F. L/C	LIFE OF PROJECT G. TOTAL
AID APPROPRIATED TOTAL						
(GRANT)	1,606		1,606	7,783		7,783
(LOAN)						
OTHER U.S. 1.						
OTHER U.S. 2.						
HOST COUNTRY						
OTHER DONOR(S)						
TOTALS	1,606		1,606	7,783		7,783

11. PROPOSED BUDGET APPROPRIATED FUNDS ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE C. GRANT	PRIMARY TECH. CODE D. LOAN	E. 1ST FY 78 F. GRANT	E. 1ST FY 78 G. LOAN	H. 2ND FY 79 I. GRANT	H. 2ND FY 79 J. LOAN	K. 3RD FY 80 L. GRANT	K. 3RD FY 80 M. LOAN
(1) PH	J431	431		1,606		1,835		2,027	
(2)									
(3)									
(4)									
			TOTALS	1,606		1,835		2,027	

A. APPROPRIATION	N. 4TH FY 81 O. GRANT	N. 4TH FY 81 P. LOAN	Q. 5TH FY ___ R. GRANT	Q. 5TH FY ___ S. LOAN	LIFE OF PROJECT T. GRANT	LIFE OF PROJECT U. LOAN
(1) PH	2,315				7,783	
(2)						
(3)						
(4)						
TOTALS	2,315				7,783	

12. IN-DEPTH EVALUATION SCHEDULED: MM YY

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

1 = NO
2 = YES

14. ORIGINATING OFFICE CLEARANCE

SIGNATURE: R. D. Ravenholt

TITLE: R. D. Ravenholt
Director, DS/POP

DATE SIGNED: MM 07 DD 05 YY 78

15. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

330-4 (3-78)

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS PART I

1. TRANSACTION CODE: A (A = ADD, C = CHANGE, D = DELETE)

PAF

2. DOCUMENT CODE: 5

3. COUNTRY ENTITY: Interregional

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 digits): 932-0537

6. BUREAU/OFFICE: A. SYMBOL: DS; B. CODE: 36

7. PROJECT TITLE (Maximum 40 characters): International Fertility Research Program

8. PROJECT APPROVAL DECISION — ACTION TAKEN: A (A = APPROVED, D = DISAPPROVED, DE = DEAUTHORIZED)

9. EST. PERIOD OF IMPLEMENTATION: YRS. 04 QTRS 0

10. APPROVED BUDGET AID APPROPRIATED FUNDS ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY 78		H. 2ND FY 79		K. 3RD FY 80	
		C. GRANT	D. LOAN	F. GRANT	G. LOAN	I. GRANT	J. LOAN	L. GRANT	M. LOAN
(1) PH	J431	431		1,606		1,835		2,027	
(2)									
(3)									
(4)									
TOTALS									

A. APPROPRIATION	N. 4TH FY 81		O. 5TH FY ___		LIFE OF PROJECT	
	O. GRANT	P. LOAN	R. GRANT	S. LOAN	T. GRANT	U. LOAN
(1) PH	2,315				7,783	
(2)						
(3)						
(4)						
TOTALS						

11. PROJECT FUNDING AUTHORIZED (ENTER APPROPRIATE CODE(S)): 1 = LIFE OF PROJECT; 2 = INCREMENTAL, LIFE OF PROJECT

A. GRANT	B. LOAN
2	

C. PROJECT FUNDING AUTHORIZED THRU FY 81

12. INITIAL PROJECT FUNDING ALLOTMENT REQUESTED ($000)

B. ALLOTMENT REQUEST NO. ___

A. APPROPRIATION	C. GRANT	D. LOAN
(1) PH	1,606	
(2)		
(3)		
(4)		
TOTALS		

13. FUNDS RESERVED FOR ALLOTMENT

TYPED NAME (Chief, SER/FM/FSD)

SIGNATURE

DATE

14. SOURCE/ORIGIN OF GOODS AND SERVICES: ☐ 000 ☐ 941 ☐ LOCAL ☐ OTHER ___

15. FOR AMENDMENTS, NATURE OF CHANGE PROPOSED

FOR PPC/PIAS	16. AUTHORIZING OFFICE SYMBOL	17. ACTION DATE (MM DD YY)	18. ACTION REFERENCE (Optional)	ACTION REFERENCE DATE (MM DD YY)

PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS

PART II

Name of Country: Interregional

Name of Project: International Fertility Research Program

Number of Project: 932-0537

Pursuant to Part I, Chapter 1, Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby approve a total level of A.I.D. appropriated funding planned for this interregional project of not to exceed Seven Million Seven Hundred Eighty Three Thousand United States Dollars, $7,783,000.00, of which the entire amount will be granted during the period FY 78 through FY 81, in accordance with the attached PP. I also authorize A.I.D. appropriated funding for this project of not to exceed One Million Six Hundred Six Thousand United States Dollars, $1,606,000.00, for the period FY 78.

_____
Assistant Administrator, DS

_____
Date

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I. DESCRIPTION OF THE PROJECT

A. Introduction

The purpose of the proposed project is to contribute to the reduction of excess fertility and population growth rates in LDCs. The strategy planned to achieve this goal includes the following four major initiatives:

1. Development of national fertility research programs.

2. Provision of monitoring and evaluation services to LDCs for programs involving maternity care, family planning, community and household based contraceptive distribution and other similar health related projects, as well as the development and pretest of program management data collection systems and the conduct of acceptor follow-up and contraceptive prevalence surveys.

3. Conduct of clinical studies of proven fertility control methods, techniques and instruments as a means of encouraging the widespread use of contraceptive methods which will complement those already in general use in a specific country, culture or program.

4. Provide physicians and other health personnel with training in and information on the newest family planning concepts, methods, surgical techniques and instruments as a means of introducing these concepts and techniques into national programs in LDCs. This activity includes the publication of an international medical journal, the support of conferences and the provision of necessary equipment and supplies.

The proposed project is a continuation of activities initiated in 1971 by the International Fertility Research Program, hereafter referred to as IFRP. During the next four years, IFRP will provide technical and financial assistance to population, family planning and health related projects in approximately 50 less developed countries.

IFRP assistance will be directed primarily toward nongovernmental organizations, national fertility research programs, professional and scientific organizations, hospitals and community service groups in LDCs. In some instances, IFRP assistance also may be directed toward governmental and quasigovernmental organizations, especially in the area of monitoring and evaluating maternity care, family planning services and the community or household based distribution of contraceptives.

The project will help increase the availability and use of safe and effective contraception. Proposed project activities will enable LDCs to obtain the evidence required to introduce and disseminate new fertility regulation methods and delivery systems, or to improve existing methods and delivery systems.

As a result of the planned assistance, recipients in LDCs will increase the quality of available family planning and health services and expand both the range of services available and the populations served, particularly among the urban and rural poor. The long term

> impact of the proposed project is expected to be especially significant because the planned assistance is aimed at providing LDC institutions with the infrastructure needed to improve and increase the availability of family planning and related health services on their own.

Government policy makers and family planning program administrators will be made aware of the latest contraceptive technology and of ways to increase its use through the development of national fertility research programs, the monitoring of maternity care and family planning services, the conduct of clinical studies, the provision of training and the dissemination of information.

The basic assumption underlying the proposed strategy is that increases in the number of contraceptive methods and the variety of delivery systems available are crucial determinants of the success of LDC family planning programs. There is ample evidence supporting this assumption. As Berelson notes,

> Several family planning programs have demonstrated that the introduction of a new method (i.e., new to that developing society) usually brings a net layer of additional use--not simply the exclusive substitution of the new method for an older one.

The extent of the benefit derived from the introduction of new technology is considerable. Additional use contributes, sometimes substantially, to reducing fertility. Improvements in contraceptive continuation rates as, for example, with the postpartum IUD developed by IFRP, also make an important contribution to the reduction of fertility.

The beneficiaries of the increased availability of contraceptive services are typically the poorest segments of a society because prior to increased availability, only educated, well-to-do, urban groups are able to gain access to information on family planning and to obtain contraceptive services through private sector physicians, hospitals or clinics.

As the Greep Report notes, technological changes in the last fifteen years have brought about a "contraceptive revolution" in industrial nations with long histories of contraceptive practice and have been a major stimulant to family planning programs in developing nations in which fertility regulation was either minimal or dependent on folk methods.

The pill was introduced in the United States in 1960 and IUDs were introduced two years later. Within ten years, nearly three in five married couples were using pills, IUDs, or voluntary sterilization, the three most effective methods. These changes were among the principal factors responsible for a 36% reduction in unwanted births among U.S. couples during the last half of the 1960s and even greater reductions among subgroups that had previously experienced the highest rates of unwanted fertility. Not only was the overall efficacy of contraceptive practice substantially improved, but an increasing proportion of U.S. couples initiated contraceptive practice earlier in their family-building years. Similar changes occurred in other industrial nations.

The effect of the new technology in developing nations is illustrated in other ways. Sixty-six LDCs either have adopted official polices to reduce population growth or are providing support for family planning programs; sixty-five of these countries adopted the policy or initiated the program after the new technology began to become available in 1960. The limitations of conventional contraceptive methods had previously been so extensive as to discourage many health and governmental leaders from undertaking programs, regardless of their interest in curbing population growth. The new technology enabled leaders to give serious consideration to the initiation of large-scale programs. By the early 1970s, the IUD and the pill had become the predominant methods used by new acceptors in all but seven of forty-four national programs in Asia, Africa and Latin America for which data were available.

The new technology has thus spurred the growth of conscious efforts to introduce modern contraception in the poorer nations. Despite the limited funds made available to support these efforts, the programs have contributed to a widespread increase in public knowledge and awareness of family planning methods and to important increases in contraceptive use.

The impact of the programs appears to depend on their scope. All five classes of fertility control methods (conventional, orals, IUDs, sterilization and abortion) are generally available in the People's Republic of China and South Korea, and four are generally available in Puerto Rico, Singapore, Taiwan and Thailand. These countries experienced very rapid fertility declines, ranging from 26% to 43% during the 1960s. In countries where programs offered fewer methods, the decline in fertility has been smaller.

The experience in both industrial and developing nations suggests that millions of men and women have substantially altered their fertility regulation practices as a result of the improved contraceptive technology that emerged in the last fifteen years. In certain industrialized nations, the use of modern contraceptives backed up by abortion is capable of lowering crude birth rates to a level of 15 per 1,000. Such results have not been possible in developing nations, where the social, economic and cultural circumstances are markedly different from industrial nations and where the health services infrastructure is particularly inadequate for the wide distribution of medically supervised methods of fertility regulation. Based on these considerations, new techniques adapted to the conditions of developing countries are desperately needed.

Current technology cannot be regarded as optimal to meet individual or societal needs in either industrial or developing nations. What is needed is an array of contraceptive methods that require less complex distribution systems, that are perceived by users as safer, less discomforting and more convenient than current methods, and that are suited to the diverse requirements imposed by the diversity of conditions throughout the world. The magnitude of the task remaining can be gauged by the results of the survey of world needs in family planning conducted by the International Planned Parenthood Federation. Of all women throughout the world at risk of unwanted pregnancy, an estimated 70% were using no contraceptive method at all.

B. National Fertility Research Programs

The first major activity of the proposed project is the continued development of national fertility research programs. IFRP already has helped establish and support such programs in Bangladesh, Colombia, India, Indonesia, Sri Lanka and the Sudan. These programs have established networks of local researchers to whom they provide coordination and technical assistance services in the same way IFRP assists its network of collaborating investigators. The national programs are based on the IFRP model; they work with a network of contributing centers to prepare study designs using standard protocols and data collection instruments which allow the uniform collection of data that can be processed by computer. Each program generates standard summary tables for analysis, performs analyses, prepares and presents research results.

Development of country fertility research programs requires a step by step phasing-in of the various elements required to fully establish independent research capabilities. In most cases, its forms flow is centralized in a specific research program when contributors have established an association and a Data Collection Coordinator has been trained by IFRP. The country fertility research program then proceeds to implement successive phases of the first stage of operations: 1) scan and query data forms to assure quality; 2) complete open-ended coding; 3) keypunch data to cards and/or tape. During this first stage, computer processing is provided by IFRP. The second stage includes: 1) transfer of selected computer programs to provide standard computer summary tables and the capability to provide special analysis runs; 2) training in analysis, interpretation of research results and preparation of reports.

Throughout the process of building country research capability, IFRP will assist, train and provide a full range of research services to assure development of national programs.

Grant AID/pha-G-1198 provided support to the programs in Bangladesh and Colombia. Additional support was provided under Grant AID/pha-G-1198 to the International Federation of Fertility Research Programmes, now renamed the International Federation of Family Health Research, a coordinating group composed of the leaders of various national fertility research programs.

IFRP wishes to continue to help autonomous national fertility research programs develop the capabilities necessary to conduct high quality fertility control research to speed the evaluation, introduction and diffusion of the latest methods of fertility control in LDCs. Previous IFRP support has helped these programs achieve remarkable visibility and impact as well as high quality research results in a short period of time. The success of these national programs is evidenced by the work they have completed. In Colombia, for example, the Programa Regional de Investigaciones en Fecundidad (PRIF), conducted a study of deliveries at a sample of government hospitals which showed significant variations in the quality of care and in the implementation of the government's program to provide postpartum and postabortal contraceptive services. The Bangladesh Fertility Research Programme sponsored a training program which introduced new sterilization techniques into medical schools and hospitals that were previously without

them. The Sudan Fertility Control Association is collecting data on hospital deliveries by means of the IFRP Maternity Record and providing that country with the first reliable data on maternal and infant morbidity and mortality. All of the national fertility research programs are conducting clinical trials of contraceptive methods which are of special interest within their respective countries. These trials provide data that would otherwise be unavailable on the acceptability, safety and effectiveness of various contraceptive techniques in the specific country. The high quality of the research already completed by these national programs is particularly noteworthy when one considers the unique challenge of conducting fertility control research in the developing world. As an example, Indonesia, the fifth largest nation in the world with a population of 160 million people, has fewer than 300 PhDs and only 10,000 college graduates.

The India Fertility Research Programme, established in 1973, was the first fertility research program registered outside of the U.S. Five other national programs have joined the India Fertility Research Programme and have demonstrated their capability by research and service projects--the Sudan Fertility Control Association, Bangladesh Fertility Research Program, Programa Regional de Investigaciones en Fecundidad (Colombia), the Coordinating Board for Indonesian Fertility Research, and the Fertility Research Program of Sri Lanka. Part of the success of these programs is due to the flexibility afforded them by IFRP support. An important activity of the national fertility research programs will be international trials of new contraceptive technology. Such trials will enable new products to be tested immediately among a large number of people in a wide variety of cultural settings. The benefits to LDCs will be training and experience with the newest contraceptive technology, impetus to service delivery programs, as well as added experience in fertility research. Any support for these activities to be funded from this Grant will be specified in individual subgrant proposals.

Recently, several of the programs have resolved to focus their research efforts on the problems of poor women in rural areas. The shift of emphasis from clinical trials of contraceptive methods to evaluation and improvement of the delivery of available services is indicative of the importance given to the problems of providing adequate health and family planning services to the rural poor.

For the first year of the proposed project, funding is planned for the continued support of five national fertility research programs. The amount of funding varies from country to country and is typically sufficient to cover a small amount of core program support and administrative costs plus a larger research and program budget. Funding is also planned to enable IFRP to continue to provide technical assistance services to national fertility research programs. Such assistance includes help with research design problems, data analysis and computer processing, as well as with the administration and management of program operations.

It is expected that fertility research programs in other countries will request IFRP support in the future. Groups in Thailand, Korea, the Philippines, Malaysia, Egypt, Nigeria and Singapore have expressed interest in forming national fertility research programs. Thus, the proposed project allows for additional funding for programs in subsequent years. It is also

anticipated that before the end of the project period, several of the programs heavily supported by IFRP will be able to attract additional donors, thereby freeing IFRP's resources for support of new programs.

The IFRP was formally requested to assist in the development of the Bangladesh Fertility Research Programme (BFRP) by the Bangladesh Ministry of Health and Population Control. The government is relying on the BFRP, which was established in 1976, to serve as a principal research division of a planned population institute to be established in the near future. Much effort has gone into building the BFRP through training key staff and developing a network of thirteen local investigators. Research of particular relevance to the government of Bangladesh has been conducted. One example is a soon to be completed study of the need for prophylactic antibiotics among vasectomy acceptors.

Funds from the proposed Grant will be used to provide financial support for BFRP activities in three major areas: research, data processing and training. This support will give the BFRP the opportunity to increase training activities, its scientific research capabilities and develop in-country capabilities for data processing and analysis.

Evidence of the strength of the national fertility research program of Colombia, Programa Regional de Investigaciones en Fecundidad (PRIF), which was founded in 1976, is its study of a representative sample of deliveries in government hospitals throughout the country. Data processing and analysis were performed in Bogota. Other studies which have considerable relevance to the family planning program in Colombia are being conducted through its network of thirty contributors. Among the most important of these are studies of the postpartum IUD and female barrier contraceptive.

An important aspect of PRIF is the expressed desire of other Latin American countries to participate in comparative research studies by sending data to Bogota for processing and analysis. The potential for regional data processing and a regional approach to studies is of equal importance to PRIF's accomplishments in Colombia. PRIF will likely double its number of studies by including investigators from other Latin American countries in its research network. Among the main activities to be supported through the IFRP Grant are an analysis of teenage childbearing and a continuation of studies of the provision of contraceptive services and maternity care by hospitals throughout the country.

The Badam Kerja Sama Penelitian Fertilitas Indonesia (BKS PENFIN), the Coordinating Board of Indonesian Fertility Research, is a nucleus for a national fertility research program in Indonesia. This organization has been registered and established as an autonomous network of twelve researchers who are responsible for planning and implementing policy objectives. The BKS PENFIN maintains close liaison with the Government of Indonesia's Family Planning Coordinating Board (BKKBN).

It is envisioned that an increasing amount of the fertility research done in Indonesia will be conducted by the BKS PENFIN. IFRP has been requested to support the development of BKS PENFIN and to assist the Government of Indonesia in achieving its goal of population growth reduction. USAID/Jakarta has expressed an interest in utilizing the vast experience accumulated in Indonesia on oral contraception (there are currently over

five million women on orals) to study various issues related to oral contraceptive use. IFRP has developed research protocols which will be useful in this endeavor. This is the first time AID will support a national fertility research program in Indonesia, and extensive technical assistance to the Indonesian program will be required.

IFRP is assisting the government of Sri Lanka at the formal request of the Ministry of Plan Implementation. The Fertility Research Programme of Sri Lanka (FRP/SL) has been registered and established as a nonprofit charitable organization. It is composed of a network of thirteen physician-researchers and a small administrative staff. The IFRP has assisted in the organization of FRP/SL as a national fertility research program, but extensive technical assistance from IFRP will be required for some time.

One of the studies being considered by the FRP/SL is an island-wide trial of postpartum IUDs developed by the IFRP. Because of the limited use of the IUD, this program promises to have considerable importance for family planning activities in the country. Additional studies being discussed include one involving the provision of oral contraceptives by traditional practitioners.

In the Sudan, as in most of Africa, there is the problem of how to bring about an increased awareness of fertility control amidst of the widespread desire for large families. The approach used by the Sudan Fertility Control Association (SFCA), which was established in 1975, has been to conduct a study of incomplete abortions and delivery outcomes. Through this exercise, research experience was gained and the need for fertility control became increasingly evident. As a result, there has been a marked shift in interest among obstetricians and gynecologists towards research in this area. At present, the SFCA has sixty three members, most of whom are physicians. Through association with IFRP, one MD dissertation has been completed and several others are in progress. These studies have helped to bring attention to the problems of rapid population growth and the limited availability of contraceptives. Increased provision of family planning services--developed because of these studies--are expected to begin this year. IFRP has trained a Data Collection Coordinator for the Sudan Fertility Control Association.

Further development of the Sudan Fertility Control Association is needed to assist efforts to coordinate research in fertility regulation and to conduct appropriate training projects. Research and training will be carried out through a network of Khartoum University and governmental hospitals which are already actively involved in SFCA activities.

In addition to its work in countries that have already established national fertility research programs, IFRP is requesting support for activities to be carried out in countries without existing national fertility research programs. The IFRP was officially invited by the Government of Mexico to provide technical assistance to the Mexican Biomedical Research Program in its efforts to conduct studies on various contraceptive techniques. Special data collection forms to study sterilization activities were designed by the IFRP. The IFRP also supplied sterilization equipment and computer programs to the Ministry of Public Health in Mexico. Future activities in

Mexico will center around the country's growing sterilization and postpartum IUD program. In addition, IFRP is discussing the possibility of becoming involved in IUD program evaluation in Mexico.

C. International Federation of Family Health Research

The International Federation of Family Health Research, which was organized in November 1977 as the International Federation of Fertility Research Programme, provides a forum for the exchange of information and ideas among national fertility research programs and helps coordinate the work of individual country programs. As such, it enhances the work of each national program and provides a means for the research results to become more widely known and utilized by LDC institutions active in the provision of contraceptive services. Because the Federation has been organized and is led by people from the developing world, it has a credibility with LDC administrators and policy makers which more westernized groups do not. The Federation, therefore, plays a significant role in encouraging the formation of fertility research programs in additional LDCs. Support for the Federation will help that organization:

1. encourage national fertility research programs in countries such as Bangladesh, Colombia, Egypt, India, Indonesia, Korea, The Philippines, Singapore, Sri Lanka, Sudan, Thailand, Nigeria, Singapore and Malaysia;

2. develop guidelines for the formulation and implementation of family planning, welfare and health programs and policies at community and national levels in the above countries as well as at the international level;

3. establish standard design, analysis and reporting procedures for basic and applied fertility research;

4. serve as a resource providing advice on safe, effective and desirable family planning services to governmental and nongovernmental groups;

5. provide a centralized forum for the exchange of ideas and experience to ensure rapid dissemination of information on fertility control technology.

Previous IFRP support has helped the Federation move toward achieving its goals. An AID supported meeting of the Federation was held in April 1978 at which time common interests and plans for future research and service activities were discussed. Several important papers were prepared by meeting participants. The Federation's leaders developed plans for raising funds from non-AID sources and visited several potential donors. It is anticipated that this type of activity will eventually lead to self-sufficiency for the Federation and ultimately for national fertility research programs.

In the [illegible] e
Federation and has assisted in the formulation of study designs, aided in data processing and in the design of data collection instruments and helped with analysis of data. These activities are expected to continue, but with

emphasis on the work being shifted to national programs. The IFRP will continue to serve as a coordinator of comparative analysis of projects conducted by members of the Federation. Support for the IFRP's assistance to the International Federation of Family Health Research is needed to ensure its continued growth.

The Federation is currently seeking funding from several other groups including European donors, church groups and the United Nations Fund for Population Activities. It is anticipated that these fund-raising efforts will be successful. Thus, the proposed project provides for a diminishing amount of AID support for the Federation.

AID funding will be used to support those activities that individual national programs are unable to support, such as international meetings of the Federation's members, support of the Federation's Secretariat, and work by the members aimed at increasing the awareness and involvement of nonmember country institutions in the program of the Federation. Major research and programmatic activities by individual national fertility research programs will not be supported by the Federation. Additional non-AID funding may, however, be used by the Federation to make grants to individual members. For the FY 79, it is expected that IFRP support will represent the overwhelming majority of funding available to the Federation. By FY 81, IFRP support is expected to represent approximately 50% of the Federation's annual budget.

D. Provision of Monitoring Services

The provision of monitoring services to LDC family planning programs is a second strategy of the proposed project. Adequate information on family planning services, maternity care and the utilization of abortion is essential for program management and thus for the improvement and increase of services.

Maternity Care Studies. The single sheet Maternity Record, designed by the IFRP and endorsed by the International Federation of Gynaecology and Obstetrics, is in widespread use in hospitals throughout the developed and developing world. Maternity Record data are currently being collected in 62 hospitals. A good deal of preliminary analysis has been completed. The results thus far available clearly demonstrate the value of this record for LDC hospital administrators, family planning program personnel and scientific researchers. The Maternity Record has proven to be important in monitoring the quality of care and providing insight into the management of difficult deliveries in hospitals in developing countries. This in turn provides insights into how to improve maternity care.

Several papers using this data base have been prepared and presented or submitted for publication. Plans are currently underway to analyze Maternity Record data to investigate questions related to teenage childbearing. The IFRP believes that it is important to continue to introduce the Record into developing countries which have special needs to improve maternity services and, at the same time, to continue to collect sufficient high quality data to answer research questions which are of great concern to medical practitioners and policy makers as well as clients throughout the world. The benefit of the Maternity Record extends beyond a particular

hospital. Awareness of shortcomings in existing services can help improve care throughout a nation.

A second area for which support is requested involves the treatment of incomplete abortion. This work is concerned with monitoring the characteristics of women who request treatment for abortions initiated, spontaneously or illegally, outside the hospital as well as obtaining information on the consequences of the abortion. Studies have been particularly concerned with such issues as the proportion of women who receive contraceptive services following abortion, the safety and effectiveness of different abortion procedures, the ratio between abortions and live births at given hospitals and the relative cost of providing abortion and contraceptive services within the hospital setting.

Hospital abortion studies will continue to be a priority of the IFRP during the project period. We anticipate, however, sharpening the research focus of these studies to include special studies of the provision of postabortal contraceptive services to teenagers in urban hospitals in the developing world. At the same time, it is hoped that the Hospital Abortion Record will be introduced into smaller rural hospitals in developing countries. This is especially important because in many countries doctors in large urban medical centers are well acquainted with the problems of abortion, while their colleagues in rural areas are less certain of its extent, seriousness and consequences. Earlier work on the Maternity Record and hospital abortion studies was supported through Contract AID pha-C-1172.

Record Systems and Prevalence Surveys. Funds are also requested to assist LDCs with development of record systems and the conduct of contraceptive prevalence surveys. Such record systems and surveys describe what contraceptives people presently know and use. As such, they provide valuable information for program planners and policy makers. The proposed work will be concentrated in Latin America and Africa. As a result of this proposed project activity:

a. data will be obtained on contraceptive use by method and source of service,

b. accessibility of contraceptive services will be determined in terms of relationship to contraceptive acceptance and use,

c. data on fertility levels and other measures of health status will be obtained and

d. socioeconomic characteristics of users and nonusers will be examined.

For the early stages of the Grant, emphasis will be placed on maternity care studies, and secondarily on contraceptive prevalence surveys and record systems.

Delivery System Evaluation. Support is also requested to assist developing countries in evaluating contraceptive delivery systems.
DS/POP/R with IFRP assistance is currently involved in the evaluation of specialized delivery systems in Sri Lanka,

Tunisia and Morocco. The goal of each of these projects is to make contraceptive services more widely available. The projects involve using paramedic or nonmedical personnel to deliver contraceptive services, principally orals and condoms, to women in their homes. Such projects have been very successful in many countries. Acceptance rates have increased dramatically, continuation has been favorable and fertility has been decreased.

In Morocco, an extensive Household Distribution Program has been initiated in the province of Marrakech. By July 1978, IFRP had data on approximately 30,000 cases in this program, with revisit analysis on both acceptors and nonacceptors in successive phases of the project.

At AID's request, the Marrakech Household Distribution Project in Morocco was developed with the assistance of IFRP by the Moroccoan Ministry of Health, Department of Family Planning. The objectives of the project are to:

a. extend family planning services to approximately 200,000 households;

b. measure contraceptive prevalence within the study population;

c. measure the number of children desired by the couples within the study population;

d. develop techniques and training for management, supervision and program evaluation which may be suitable for application throughout the Kingdom of Morocco.

The project in Tunisia has been under way since 1976, when AID was invited by the Office National de Planning Familial et de la Population (ONPFP) of Tunisia to initiate a pilot household distribution program of contraceptive service delivery in a rural area in the southern part of the country. Eligible women in the project area, numbering approximately 5,000 out of a total population of nearly 40,000 individuals, were interviewed about their fertility and contraceptive histories and offered OCs at the initial home visit. Up to five revisits, at intervals of from four to six months, are designed to motivate nonacceptors to use OCs, and to measure the continuation rate among women who had accepted at a previous visit. A final survey is scheduled for September 1978, and will measure contraceptive knowledge, attitudes and practices, as well as fertility levels at the close of the two-year campaign. One indicator of program success will be the increase in the number of contraceptors--particularly those utilizing program OCs--by comparing initial baseline survey results with those to be collected at the final home visit.

E. Phase IV Clinical Trials

An additional strategy of the project for which support is requested is the introduction of proven methods in LDCs where they are not in use. Phase IV trials of proven methods can serve as a means of diffusing existing contraceptive technology to ongoing programs. This activity is one of the most cost-effective ways to introduce new technology into LDCs. Typically, the IFRP supports the work of one of its collaborating investigators on the

safety and effectiveness of a method that is not used in the investigator's country. Such a work provides an opportunity for the investigator and his or her colleagues to become familiar with the product or procedure. The involvement of key decision makers in this process results in their acceptance of responsibility for influencing the policy of national family planning programs.

This strategy has had proven success in the past. Other international population and family planning groups have recognized the potential of this approach and have begun to fund Phase IV trials as means to diffuse available contraceptive technology more widely in LDCs. For the IFRP, the conduct of Phase IV trials has additional importance in that it provides research experience to LDC physicians and other health and family planning personnel. This experience increases LDC research skills and the prospects for involvement in more sophisticated research projects of local and international interest.

During the project period, support will be provided for the conduct of a limited number of Phase IV trials in countries where the full range of contraceptive methods are not yet available. Special emphasis will be placed on countries at the early stages of program activity.

F. Training and Dissemination of Information

The fourth strategy planned to achieve the project objectives includes the provision of clinical training, the publication of an international medical journal and the support of professional and scientific conferences held in LDCs. All three activities are based on the assumption that it is essential to upgrade the skills of medical and health personnel in LDCs if they are to meet their countries' needs for adequate service provision.

IFRP regularly receives requests for training in the use of fertility control technology. Recent requests have included invitations from Bangladesh for the Medical Director of IFRP to set up in-country training programs. In addition to the training of medical professionals in surgical techniques, a variety of newer, more appropriate medical instruments are demonstrated at these training sessions.

The IFRP has developed a system which produces indigenous methods of programmed instruction which emphasizes continuous revision based upon feedback received from in-service trainees using the materials. Such programmed instruction is useful in both clinical and nonclinical settings. Utilization of this newer training method multiplies the number of trained medical and health educators within a given geographic area. This is especially helpful in countries where there is an insufficient number of effective trainers available for national training programs. Future funding will depend to some extent on the number of requests received for this type of activity. It is anticipated that the demand for this service will grow.

AID recognized IFRP's role as a disseminator of research information with Contract AID/pha-C-1172 which provided funds for limited subsidy of the production costs of the International Journal of Gynaecology & Obstetrics (IJGO). Additional funds are requested to make the Journal more widely available to key medical and health professionals in LDCs, especially in

those countries in which the IFRP is providing active support. This will ensure that pertinent information in the areas of contraception and fertility control will be available to LDC policy makers, practitioners amd program administrators. Emphasis will be placed on distribution to members of the IFRP research network and to participants in the various national fertility research programs.

The proposed project also includes support for a limited number of scientific or professional conferences to be held in LDCs when these are considered likely to have a major impact on the population, family or health programs of a particular country or region. During the first year of the project, IFRP plans limited support for the Pan-Islamic Conferences on Motherhood in Cairo. The conference promises to provide an important forum for the discussion of a number of issues of concern to AID and IFRP. Conferences such as this one can be an extremely useful means of increasing awareness of the impact of excess fertility and rapid population growth among the most influential segments of national and international communities.

II. ECONOMIC FEASIBILITY

The objectives of this Grant are to be accomplished, to as large a degree as possible, by LDC representatives. This will occur through the process of Grant funds being made available under close supervision to LDC organizations. There are two advantages to this procedure:

A. it develops the capability to accomplish these objectives among LDC professionals and organizations and

B. it is less costly to implement programs in LDCs.

The thrust of the activities throughout the four-year project period is directed toward shifting responsibility for the project goals to organizations in LDCs. At the same time, rigorous program monitoring will continue throughout the life of the Grant.

The ultimate impact of the proposed project activities--reduction of population growth--has significant economic implications for LDCs. A reduction in population growth will help a country to increase its prospects for economic development. In addition, it will contribute to a reduction in the rates of maternal and infant mortality and increase the status of women by allowing them the opportunity for higher education and increased employment.

Unprecedented and rapid population growth is intimately related to problems of development, food supply and the environment. The processes summarized in the term "development" represent complex and multifaceted transformations of the entire social order from the traditional agrarian society to the modern industrialized society.

Although there is disagreement concerning which components of change are most important for the development process, most scholars agree that traditional societies are characterized by predominant patterns of rural settlement, heavy concentration of the labor force in agriculture, fishing, or forestry, low per capita income, and restricted educational opportunities, especially for women.

Rapid population growth has major negative impacts upon the rate of change in each of these correlates of underdevelopment. In theory, the rate of population growth could be slowed either by increased levels of mortality or by declining levels of fertility. Because every nation and social system is committed to policies and programs to reduce mortality levels, the prospects for reducing growth rates depend, in practice, on the reduction of fertility. Fertility decline would speed the development process by reducing the burden of child dependency, which in the short run would permit a higher level of productive investment and make less difficult the provision of employment opportunities. In the long run, reduction of fertility would restrain the overall level of growth in population size and density and reduce the increase of social demands that these imply.

These relationships are reflected in many ways. For example, although the past decades have seen substantial improvements in nutritional levels around the world, severe shortages of food still lead to widespread famine and malnutrition in some parts of the world. These shortages are due only

in part to population increase, but rapid population growth contributes to the increasing difficulty of feeding the human population. Comparable effects also can be traced on efforts to improve the living standards of people in rapidly growing countries.

If a nation has an economic growth rate of 5% a year and a population growth rate of 3.5% a year, it is only realizing a net gain of 1 1/2% per year in raising the standard of living. The objectives of all development programs are curtailed as long as population growth rates approach increases in GNP. Until national population programs begin to yield significant declines in population growth rates, there will be a constant dampening effect on all other AID developmental programs. As an example, until population growth in rural areas is slowed and increasing pressure on existing land lessened, rural displacement and over-urbanization will continue to hinder social and economic development.

The benefits to society of lowering population growth have been discussed in a macro context by Coale and Hoover and in a micro context by Enke. For a more recent discussion of the benefits of reducing population growth, see P.M. Hauser in Rapid Population Growth.

The precise economic benefits of Family Planning programs are difficult to quantify. The long debate beginning with the work of Enke and continuing through Leibenstein, Simon and others makes it clear that the widely recognized benefits of reduced population growth are not easy to measure. We must therefore choose the least costly way of obtaining these important benefits.

Several studies have indicated clearly that the provision of an increased number of contraceptive methods and a wide variety of delivery systems are extremely efficient ways to increase contraceptive acceptance and use, and thus lower fertility.

III. SOCIAL SOUNDNESS

A. Contextualization

Political, religious, economic and cultural factors frequently are significant barriers to the diffusion of contraceptive methods, family planning programs and research results. The issue is sharpened when the diffusion is from developed nations (including the U.S.) to LDCs. Old passions and antagonisms are rekindled when family planning technology is the substance of such diffusion.

Under a previous Grant to the IFRP (AID/pha-G-1198), a significant breakthrough was obtained in that family planning technology transfer was de-emotionalized. Six LDC fertility research programs, composed of and led by IFRP contributors, joined to create the International Federation of Family Health Research. The Federation is now sharing experiences learned in individual research programs and, with IFRP support, taking the initiative in encouraging the formation of additional national and regional fertility research programs. The work of the Federation maximizes the spread effect of the latest fertility research. This effect is significant because it presents an opportunity for elite, urban, North American or Western European oriented LDC scientists and physicians to work for the increased

well-being of the economically disadvantaged members of their own societies. In many instances, involvement in biomedical research of the type to be supported under the project is the first step toward the recognition on the part of elite members of LDC societies that improvements in the quality and availability of health and family planning services are basic human rights.

Frequently, LDC scientists enjoy international prominence in their research areas. However, their work has little or no impact in their own countries because LDCs typically lack the structures needed to adapt technological and scientific developments for local use or resist initiating programs which may threaten their quality scientists and encourage them to emigrate. The proposed project works within the framework of the existing social structure by providing a mechanism for elite scientists to have a direct impact on the welfare of their fellow citizens without challenging their traditional position or encouraging them to contribute to the brain drain.

B. The Role of Women

The initiation or acceleration of a decline in fertility and population growth rates is the primary goal of the proposed project. The means used in reaching this goal requires the involvement of women. The participation of women improves both the acceptability and legitimacy of all project activities because working with women is more likely to be successful than doing work for them. The human rights aspect of this approach deserves emphasis. The key concept is the right to choose. Choosing a social role or the size of one's family requires both legitimate equality and reproductive freedom.

The proposed project is concerned with two interrelated issues involving the role of women: 1) the development of services which are more sensitive and responsive to the needs and concerns of women and 2) the integration of women into managerial and decision making positions in national programs. Much of IFRP's past work and many of the activities planned under this project are aimed at improving the status of women. All IFRP training programs provide an opportunity for women health workers to improve their skills. Key staff of each of the national fertility research programs are women. IFRP also puts special emphasis on working with women's groups. As an example, projects are currently being conducted in collaboration with Concerned Women of Bangladesh and the School of Nursing at the Catholic University in São Paulo, Brazil. These specialized activities are in addition to IFRP's regular program which, by definition, aims to improve the well-being of women. The Maternity Care Monitoring System described earlier is an especially good example of a program that has had an immediate and positive impact on women in LDCs.

C. Communication Strategies

A significant problem for medical specialists in LDCs is keeping informed of current developments in their field. The proposed project will provide support for the publication of the International Journal of Gynaecology and Obstetrics which provides articles on topics of international interest including the research results of many authors working with support from AID. To maximize the distribution of this Journal, funds will be used to offset publication and distribution costs so that subscriptions can be

offered at an attractive local price in LDCs. Subscribers from developed nations will be charged a higher "at cost" subscription rate. Support will also be provided for training programs and conferences aimed at increasing the ability of LDC health personnel to provide needed services.

D. Private Sector Involvement

Private institutions and organizations in several LDCs have been and are being organized to conduct fertility control related research. In many countries, governments are not yet prepared to support these activities, but do not object to their performance through nongovernment agencies. In other instances, national fertility research programs are quasigovernmental organizations enjoying government sanction of their activities. Efforts will continue to gain private sector and host country government support for these organizations.

An important consequence of this private sector involvement is that it presents fertility research and family planning program evaluation as an acceptable local practice. It puts population studies into the local cultural/popular "language" and helps break down traditional barriers to the scientific exploration of fertility behavior.

One important by-product of these efforts is the observation by governments that fertility research is accepted by the scientific community, the private sector and the public. This in turn leads to increased involvement by governments in these activities.

IV. TECHNICAL FEASIBILITY

The IFRP has already established itself as a viable research institute with a capable network of research study Contributors. Six regional fertility programs already have been created. Project funds will continue to support these local programs for the next four years. In the first year of the current project, funds allow for support to fertility research programs in Sri Lanka, Indonesia and the Sudan in addition to those already supported and the worldwide organization. In subsequent years, additional national research programs will be supported with likely candidates being Egypt, Korea and Singapore. As in previous years, local groups of high level university and government researchers typically made up of current IFRP contributors, will serve as the nucleus of these research programs. Staff will be trained in research methodology, data instruments will be shared, and when the new FRP is sufficiently capable, computer programs will be sent to them so the national program can become independent of IFRP.

Both the fertility control and research technology employed in the conduct of project activities have widespread acceptance in LDCs. With only a few reported exceptions, women throughout the developing world prefer modern contraceptive technology to traditional means of fertility control. The problem in the past has been the inability of LDCs to meet the latent demand for services. This is due to a lack of resources and to the inability to adapt available technology to local needs. The problem of introducing new contraceptive technology is rarely caused by the technology per se, but rather by a lack of appropriate delivery systems and/or more generalized opposition on political or religious grounds.

V. ADMINISTRATIVE FEASIBILITY

The International Fertility Fertility Research Program is a nonprofit corporation, incorporated under the laws of the State of North Carolina with headquarters in the Research Triangle Park, North Carolina. It is governed by a multinational Board of Directors with members from both developed and developing countries (See Appendix A).

Organized on July 1, 1971 with support from Contract AID/csd 2979 to the University of North Carolina at Chapel Hill, IFRP was initially designed primarily to conduct field trials of new developments in fertility control. After three years, a network of clinical trial centers had been developed and were conducting a large number of studies that extended beyond the immediate interests of the University. On February 14, 1975, by mutual agreement of AID, IFRP and the University, the IFRP assumed responsibility for Contract AID/csd 2979 as a private, nonprofit organization.

The IFRP network of contributing centers and individual contributors constitutes an important segment of influential leadership for family planning programs throughout the less developed world. IFRP contributors are engaged in a continuous dialogue with the IFRP headquarters. This led to a feeling of identification among members of the network, which then led to the development of a number of national fertility research programs and, to the organization of the International Federation of Family Health Research in November 1977. The coordination of these national programs and other consultant relations to LDC governments have led to requests for assistance in institutional development in the area of research and evaluation of

family planning programs. Many requests have been received for assistance in studying new developments in fertility control to document the safety, effectiveness and acceptability of a variety of family planning methods in particular LDC cultural settings, and in training for the introduction of new technology in family planning programs. Such requests have been directed to the IFRP because much of the research methodology used by existing national fertility research programs has been developed by IFRP as part of its program of work supported by AID research contracts. Moreover, under its AID research contracts IFRP has documented the advantages of many of the family planning methods which are of interest to national programs. IFRP has shortened the time from the development to the utilization of improved methods of fertility control in LDCs by providing assistance in the development of research and evaluation capabilities, by guiding field studies of new methods of fertility control and by providing training for the introduction of these methods. This result has been enhanced by the fact that IFRP contributors serve on advisory committees to LDC governments, and most contributor centers also are responsible for service programs providing contraception. Several thousand service clinics extend from the IFRP research network and they provide the critical mass of experience necessary for the rapid introduction of new methods of fertility control in LDCs. IFRP's relationship with collaborating LDC investigators is excellent. The dropout rate among contributing centers has been extremely low. This attests to IFRP responsiveness to LDC needs.

Recognizing the potential of the IFRP support of LDC programs, AID provided Grant AID/pha-G-1198 on September 30, 1977 for $655,208. This proposal is for a follow-on to that Grant and to program development and research initiated under Contract AID/csd 2979 and Contract AID/pha-C-1172.

To assess the ultimate impact of IFRP's past activity in reducing unwanted fertility and contributing to increases in economic development, health, the status of women and the general quality of life, is a subjective task. Nevertheless, IFRP has made a number of clearly significant contributions.

A. Under AID sponsorship, IFRP has demonstrated:

1. the comparative safety, efficacy and acceptability of different outpatient tubal occlusion techniques for female sterilization in LDCs.

2. the safety, efficacy and acceptability of menstrual regulation and later first trimester abortion in LDCs,

3. the relative safety and effectiveness of various procedures for female sterilization,

4. the acceptability of vasectomy in a Latin American setting,

5. the competence of nurses to perform menstrual regulation,

6. the effectiveness of copper-containing IUDs for up to six years of use,

7. that a simple modification to existing IUDs can improve retention in postpartum insertions and

8. the symptoms associated with different oral contraceptives, and symptoms associated with "crossover" to another oral contraceptive.

While IFRP's predominant activity has been Phase III clinical trials, the activities for which support is requested flow directly from these activities. When IFRP is recruiting a new contributor, the usual practice is to begin with fairly simple "straight" studies. These studies often have tremendous impact locally. It may be the first time for that particular country that the acceptability, efficacy and safety of a particular procedure has been demonstrated. The political salience of experience derived from one's own country should not be underestimated. Similarly, IFRP's research protocols include studies of maternity cases and the consequences of incomplete (illegally induced) abortions. The number of requests for these studies has increased markedly over the last year.

In addition to providing direct information relating to better health care delivery, these studies can be used to emphasize the health benefits of family planning. Again, having local data makes the case much stronger. Another programmatic spinoff from IFRP's AID supported contract research relates to the Phase III clinical trials. Once a useful new contraceptive technique is developed, IFRP's network of contributors facilitates worldwide dissemination. In part, this occurs because many of the contributors will have participated in developing the technique and are typically leaders in their respective communities. Additionally, strong relationships and personal contacts in numerous countries make for a rapid dissemination of information and expertise. A case in point has been the use of the tubal ring for laparoscopic sterilization. Thus, the proposed grant activities represent a natural evolution of IFRP's contract.

IFRP handles many aspects of its research as a self-contained unit. These include design of study protocols, design of data collection forms, coordination of data collection, computer processing of data, analysis, graphic arts and editorial support, presentation and publication. After careful cost-effectiveness consideration, IFRP has decided to perform these functions "in-house." Thus, unlike many U.S. based service organizations which basically serve as a conduit for funding, IFRP is involved in a large amount of direct work. Personnel levels are thus relatively high but overall costs are low. IFRP's overhead rate is lower than that of universities and other direct work organizations.

B. Relationships with Other Organizations

IFRP has the only large scale network conducting international comparative clinical studies in LDCs, and it must interact closely with a number of AID-sponsored research projects, as well as with major population/family planning organizations. IFRP has developed an excellent working relationship with organizations such as PARFR, PIEGO, the Population Council and various university groups. The exchange with AVS and FPIA has also been cordial and mutually beneficial. Collaboration continues between IFRP and Battelle, as well as between IFRP and the Southwest Foundation.

IFRP has established a unique relationship with the International Federation of Gynaecology and Obstetrics (FIGO). This relationship was

initiated with cooperative production of the International Journal of Gynaecology & Obstetrics (IJGO), which is now the official publication of both FIGO and the IFRP. The relationship has now extended to joint sponsorship of an international study of the IFRP's Maternity Record. There is considerable potential for further cooperative work with FIGO. FIGO has a membership of over 35,000 ostetrician/gynecologists, many of whom work in developing countries. FIGO's Standing Committee on Medical Aspects of Human Reproduction has taken considerable interest in research, service and training, and desires to work cooperatively with IFRP in these areas.

IFRP's relationship with PIACT has been strengthened since PIACT'S growing involvement in contraceptive acceptability trials. Open and continual dialogue with all key organizations in the field, including pharmaceutical companies, is maintained in an effort to maximize IFRP's effectiveness and minimize any overlap in activities.

Dissemination of information is an integral part of the IFRP's work, because the organization recognizes that research findings must be given the widest distribution possible. Over the past year, IFRP's capability to produce and disseminate scientific publications has been significantly strengthened with the installation of new text processing and typesetting equipment. IFRP prepares some 100 papers a year for presentation at national, regional and international conferences. Many of these are published in scientific journals. A number of the publications are prepared as a "service" to contributors although the direct involvement of IFRP staff in this activity is expected to diminish in the future.

C. Management

The International Fertility Research Program has a well balanced management team with many years of experience working for international population agencies. The Executive Director is a public health physician from Chile with many years experience in health administration. The core of IFRP's International Activities Department is composed of four physicians, all from developing countries and all with considerable international experience in population, family planning and related health work. Three of the four are women. Each has a deep commitment to improving the status of women and their role in the development process.

The Special Projects Department, formed in April 1978, provides a focal point for the technical and scientific aspects of IFRP's international programmatic activities. The Department also has a special interest in the dissemination of the results of its research. For this reason, many of IFRP's information dissemination activities have been centralized within the Special Projects Department.

The Department is composed of fourteen people. Four staff members, two of whom are women, hold doctorates in the social sciences. Five other members, three of whom are women, hold masters degrees in public health or social science. Members of the Special Projects Department have had extensive overseas experience. Staff members have worked in government or private health, family planning or population programs in the following countries: Korea, Thailand, Philippines, Taiwan, Sri Lanka, Indonesia, India, Tunisia, Morocco, Brazil, Malawi, Zaire, Micronesia and the Caribbean.

Staff of IFRP's Research and Administrative Departments will also provide support for project activities. The Research Department has been the principal architect of the protocols, data collection instruments and analysis plans used by the national fertility research programs and other researchers.

IFRP requires the same administrative rigor in national fertility programs as they do to their own U.S. research operation. This assures not only high quality and timely research results, but also a low administrative cost for these programs. Under the proposed project, the only funds that will go to the IFRP will be for support services directly related to one of the subgrants.

The IFRP has demonstrated consistent managerial skill in the selection of local networks to become indigenous fertility research programs. This has resulted not only in the selection of recognized leaders in the medical communities of LDCs, but also in well managed and administered programs progressing toward self-sufficiency.

D. Evaluations of IFRP

Recent evaluations of IFRP by AID's Research Advisory Committee and by research staff of the Office of Population have concluded that IFRP plays an extremely important role in international family planning work and that its program of activities meets vital, needs of both LDCs and AID, which no other organization is now capable of meeting.

The Office of Population evaluation, conducted in September 1977, noted that IFRP "has developed unique international capability" to carry out Phase III testing* of fertility regulation methods and "has effectively carried out this function." The evaluation also noted that "IFRP has made objectively identifiable contributions to the population field which have been valuable from programmatic and policy viewpoints" and "has in-house capabilities that are unusual in research organizations, allowing for efficient data processing, analysis, and dissemination of findings." The evaluation team reported that "IFRP's productivity and efficiency have seemed to increase over the years, as measured by the amount of research activities undertaken compared to staff and funds." The team concluded that "IFRP is an impressive organization with a strong record of accomplishments."

A similar conclusion was reached by the Research Advisory Committee Subcommittee evaluating IFRP. Their report noted that the "IFRP is a very ambitious and hard working group." "The immediate purpose of its contract has been accomplished....The outreach capability of the IFRP into developing countries is extensive and still growing....IFRP's potentials are significant...."

While the focus of the evaluation conducted by the Subcommittee of the AID Research Advisory Committee was IFRP's performance under AID contracts, it also touched upon the activities for which funding is requested here.

*This term defines the phase in the evaluation of a procedure, product or device when it is undergoing widescale testing under conditions similar to those of its ultimate ordinary pattern of use.

The RAC Subcommittee report states, in part:

> As a by-product of the data collection effort, IFRP has helped a number of developing country institutions to establish their own data processing capabilities. It is now providing technical support for several programs that show promise of developing autonomous capability in data collection and analysis. This institution building function, though not "research" in itself, is an important pre-condition to the conduct of good research.

The Research Advisory Committee recently recommended that IFRP's research contract be extended for three years. However, activities of the type described in this proposal were judged ineligible for support under the contract. Because of their importance, IFRP is requesting that these activities be funded by a Specific Support Grant. As the Research Advisory Committee notes, there is a very close link between IFRP's grant and contract work. This interdependency provides IFRP with a unique capability to carry out the proposed program of work.

The primary focus of IFRP assistance will continue to be on increasing the ability of LDC institutions to evaluate fertility control technology and monitoring family planning and maternity care services. Increasing the availability of the latest contraceptive technology and providing the means for evaluating its use are critically important, particularly where LDC resources for such activities are scarce or nonexistent. Improvements in technology and delivery systems have been crucial for the success of LDC family planning programs in the past. This will continue to be the case for the immediate future. Thus, the proposed IFRP project represents perhaps the most influential avenue of intervention open to slow the rapid population growth of LDCs.

The proposed four year budget is based on what should be done and what IFRP can do during the project period. Since the budgets of project subgrants are individually reviewed and fiscal year budgets are reviewed annually, changes will be made based upon evaluation of the performance of LDC institutions.

VI. FINANCIAL PLAN (see appended proposed Budget)

A. Financial Rate of Return/Viability

Because this project is not a revenue-producing activity, an analysis of financial rate of return or financial viability of the subgrants has not been made. The project does have an anticipated (though difficult to measure) economic impact via its role in decreasing excess fertility and population growth. The positive economic effects of decreased fertility are realized at the individual and family level, especially for mothers and children, as well as, by cumulative effect, at the national and global level.

B. Recurrent Budget Analysis

The project budget is considered adequate to fund the recurrent operating and maintenance costs assumed by IFRP in conducting this project. Because IFRP possesses particular skills in project identification and support, but lacks the financial resources needed to carry out these tasks, its international activities will be almost wholly supported by funds from AID Contracts and Grants. IFRP would not be able to continue its involvement in this field at the same level of activity in the absence of AID or other support. The purpose of this project is not institution building or resource development at IFRP, but rather the development and expansion of contraceptive and family planning research and service programs in LDCs. Consequently, eventual development of a self-sustaining, non-AID funded, financially viable IFRP backstopping program to national FRPs is not an objective of this project. Current nongovernment resource availabilities for population research, particularly Phase III clinical trials, are not adequate to sustain the necessary level of activity by IFRP and other international assistance agencies in the population field.

This project does not, therefore, include a phase-out schedule, or an estimation of IFRP gradual assumption of project costs. IFRP is seeking other donors to expand its activity beyond that described herein; but these other-donor funds are not realistically expected to amount to more than 10% of IFRP budgets for international programs during the next four years.

C. Previous AID Funding

AID funding for IFRP commenced on February 15, 1975, the date IFRP began to function as an independent organization, under Contract AID/csd-C-2979. Prior to that date IFRP research activities were funded under the same contract as part of AID support at the University of North Carolina. A Novation Agreement assigned the AID Contract to the newly formed private nonprofit Corporation, IFRP. Funding has been continued under Contracts AID/pha-C-1111, AID/pha-C-1172, and AID/pha-C-1191.

Grant support to IFRP for the type of activities outlined in this proposal was initiated with Grant AID/pha-G-1198 in September 1977. Table 1 details budget expenditures for IFRP and subgrants still active under that Grant agreement as of May 1978.

TABLE 3

International Fertility Research Program Proposed Budget

($000)

	FY 78	FY 79	FY 80	FY 81	Total
Salaries	$ 200	$ 218	$ 238	$ 260	$ 916
Fringe benefits	42	46	50	60	198
Travel	15	25	25	65	130
Equipment	-0-	-0-	-0-	39	39
Supplies	15	20	20	30	85
Data processing	184	216	237	265	902
Other direct	15	15	15	25	70
Subgrants	850	970	1,085	1,170	4,075
Overhead	285	325	357	401	1,368
	$1,606	$1,835	$2,027	$2,315	$7,783

The IFRP has developed operating policies, procedures and systems to deal with these obstacles and to identify, develop and implement project activities. In collaboration with LDC counterparts, IFRP will investigate project possibilities and help prepare subgrant proposals and supporting information. IFRP and LDC personnel have established basic criteria and priorities for use in selection of those projects which will receive financial support and related commodity and technical assistance under this Grant. These are compatible with AID's criteria and priorities.

B. To be eligible for assistance under the proposed project, LDC activities must be described in a written proposal which, as a minimum, contains the following information:

1. award identification number,
2. subgrant title,
3. duration of program activity for which funding is proposed,
4. name and address of proposed subgrantee, and the location(s) where activities will take place,
5. qualifications of the subgrantee pertinent to the activity proposed,
6. inputs which the IFRP proposes to make and the inputs which others will make to the activity,
7. work plan for carrying out the proposed activity,
8. outputs anticipated from the proposed activity,
9. evaluation plan for measuring the achievements of the subgrantee,
10. data to be reported by the subgrantee,
11. budget cost of the proposed activity.

When IFRP requests subgrants be reviewed or extended for an additional period, it will communicate to AID performance data already collected, the basis for the extension or renewal request, and previous awards. Workscope modifications of subgrants will require AID approval.

From time to time, AID may suggest that the IFRP make awards within the objectives of the proposed project. Such suggestions will be developed in accordance with IFRP's own policies and procedures and submitted to AID in the same manner as other proposed awards.

All projects will have the written concurrence of AID prior to final approval and implementation by IFRP. Project proposals will be submitted to AID. Appropriate AID/Washington and field clearances will be obtained before any project activity is begun.

IFRP will be responsible for monitoring all subgrants approved and implemented within the proposed project. This monitoring will include, but not necessarily be limited to, the following: project financial management, project administration, technical and scientific quality and project evaluation. IFRP will provide such administrative, technical and scientific assistance as may be necessary for each Subgrantee to achieve his/her purpose and objectives. Such assistance will normally be provided through the regular reporting and correspondence mechanisms described in each subgrant agreement and through site visits by appropriate IFRP staff and/or

consultants. Prior approval will be requested by IFRP for all international travel. The AID Project Manager will be notified of proposed travel in advance in order to obtain appropriate field clearances.

C. All project activities receiving financial assistance under the proposed project will conform to the terms and conditions of the Project. Further, each subgrant proposal will meet the following criteria:

1. consistency with AID's population strategy for the proposed country or region,

2. appropriate AID regional and Mission clearances,

3. demonstrated training, experience and managerial ability by the proposed Subgrantee to undertake proposed activities,

4. adequacy of facilities and support personnel,

5. other work in progress on the proposed activity which might result in undesirable overlap and duplication,

6. suitability of proposed techniques or procedures to the needs, attitudes and fertility control programs of the countries in which the activities are proposed and

7. anticipated effects (numbers of trainees, numbers of patients, etc.) proportional to expenditures proposed.

D. IFRP will submit to AID a comprehensive semiannual program activity report which will detail current program year information and proposed activities for the next program year. This report will include:

1. A general comprehensive assessment of the extent to which the purposes of the Project are being achieved, including:

   a. how subgrants or activities undertaken in the major areas of population/family planning helped achieve the purposes of the Project;

   b. number of subgrants completed or shifted to other sources of funding and general prospects for shifting the remaining subgrants to other sources of funding;

   c. general problems encountered, remedial actions taken by the IFRP where necessary, and recommendations for AID action, where applicable and

   d. significant actions taken pursuant to outside evaluations of the IFRP.

2. The following information will be included for each subgrant:

a. details of specific services or activities carried out under the subgrant in relation to the implementation plan approved by AID;

b. assessment of whether and how the actual services provided or activities undertaken are meeting the established goals of the project and promoting the general activity described in the subgrant;

c. degree of local community or host government involvement (formal and informal) and financial support, including prospects for provision of support by non-AID sources and

d. an end of subgrant status report for each completed subgrant

VIII. EVALUATION PLAN

The staff of IFRP monitors the activities of all their subgrantees. Now that some regional fertility programs have begun to operate, IFRP has created a three-member evaluation team which early in FY 79 will begin site visits. The team will evaluate the FRPs in terms of management capability, clinical skill and research techniques.

Continuous monitoring of projects is accomplished through regular fiscal and substantive reports submitted by subgrantees to IFRP. Members of the IFRP International Activities Department make periodic site visits to subgrantees. Relations with Mission Population Officers have generally been good and Mission concurrence on IFRP subgrant proposals has not been any obstacle to project implementation.

Because the objective of the proposed project is to contribute to lowering excess fertility and too rapid rates of population growth mainly by helping to introduce into LDCs new and improved, or existing but not utilized, technology and the means to evaluate it, an appropriate measure of the project impact might be considered the extent to which fertility declines. However, so many factors effect the level and pattern of fertility in LDCs that the extent to which fertility declines is not an appropriate measure of the project's impact in the short run. Likewise, it is probably too much to expect project activities to have an immediate, direct and substantial impact on contraceptive acceptance or continuation.

The most appropriate evaluation criteria are related to increases in the number of contraceptive methods available for use and the speed at which improvements in available fertility control methods spread to LDCs receiving project support. More immediate criteria include the number and quality of research studies and service activities undertaken and the extent to which the results of these are incorporated in LDC government decision making processes.

APPENDIX A

INTERNATIONAL FERTILITY RESEARCH PROGRAM

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Elton Kessel, MD, MPH

Donald A. Collins, MBA

Malcolm Potts, MB, MD, PhD, DRCOG

APPENDIX B

INTERNATIONAL FERTILITY RESEARCH PROGRAM

MANAGEMENT AND SCIENTIFIC STAFF

OFFICE OF THE PRESIDENT

President	Elton Kessel, MD, MPH
Director of Field Epidemiology	Roger Bernard, MD, MSPM

OFFICE OF THE EXECUTIVE DIRECTOR

Executive Director	Alfredo Goldsmith, MD, MPH
Medical Director	Leonard Laufe, MD
Bioengineer	Robert Wheeler, MetE

INTERNATIONAL ACTIVITIES DEPARTMENT

Associate Director for International Activities	J.Y. Peng, MD, DPH, MSPM
Chief, Pan America	Vacant
Regional Coordinator	Christine Colven
Regional Coordinator	Betsy Taylor
Chief, Far East	Pouruchis Bhiwandiwalla, DGO, DFP, MD, FCPS
Regional Coordinator	Thomas Hardy
Regional Coordinator	Nasiha Ahmad, MD
Chief, Europe, Africa & Middle East	Vacant
Regional Coordinator	Khairia Omran, MD, MPH, DrPH
Regional Coordinator	Vacant

RESEARCH DEPARTMENT

Associate Director for Research	David Edelman, MS, PhD
Epidemiologist	I-cheng Chi, MB, MPH, DrPH
Research Group Leader	Stephen Mumford, MPH, DrPH
Senior Research Analyst	Lynda Cole, MA
Research Analyst	Rhona Kantor, MPH
Research Group Leader	Margaret McCann, MS
Research Associate	Ingrid Swenson, RN, MPH, DrPH
Research Associate	Istvan Batar, MD
Senior Research Analyst	Robert Taylor, MPH
Publications Manager	Patricia McCarthy
Programming Manager	Karen Ulberg

SPECIAL PROJECTS DEPARTMENT

Associate Director for Special Projects	Peter Donaldson, MA, PhD
Project Officer	Charles Ausherman, MDiv, MSPH, PhD
Special Projects Group Leader	Judith Fortney, MS, PhD
Project Analyst	Douglas Nichols, MA
Project Analyst	Karen Stewart, MSPH
Project Analyst	Catherine Cameron, MSPH
Special Projects Group Leader	Barbara Janowitz, PhD
Project Analyst	Sharon Bode, MSPH
Information Coordinator	William Barrows, MLS

ADMINISTRATIVE DEPARTMENT

Associate Director for Administration	Gaines Turner
Contracts Administrator	Curtis Swezy, MPH, DrPH
Administrative Services Manager	Margaret Morrow
Financial Services Manager	Walter Parris, CPA
Personnel Services Manager	Elizabeth Schultz
Computer Center Manager	Christopher Whitener
Pext Processing Manager	Lorene Williford
Manager, IJGO	Mary Derr

APPENDIX C

ENVIRONMENTAL THRESHOLD DETERMINATION

TO: AA/DS, Sander M. Levin

THRU: DS/PO, R. Simpson

FROM: DS/POP, R. T. Ravenholt

SUBJECT: Environmental Threshold Determination

Project Title: International Fertility Research Program
Project #: 932-0537
Specific Activity (if applicable) _____
REFERENCE: Initial Environmental/Examination (IEE) contained in attached paper dated _____

I recommend that you make the following determination:

__X__ 1. The proposed agency action is not a major Federal action which will have a significant effect on the human environment.

_____ 2. The proposed agency action is a major Federal action which will have a significant effect on the human environment, and:

_____ a. An Environmental Assessment is required; or

_____ b. An Environmental Impact Statement is required.

The cost of and schedule for this requirement is fully described in the referenced document.

_____ 3. Our environmental examination is not complete. We will submit the analysis no later than _____ with our recommendation for an environmental threshold decision.

Approved: _____ _____

Disapproved: _____

Date: _____

IMPACT IDENTIFICATION AND EVALUATION FORM

Impact Areas & Sub-areas[1/]	Impact[2/]
A. LAND USE	
1. Changing the character of the land thru:	
a. Increasing the population	N
b. Extracting natural resources	N
c. Land clearing	N
d. Changing soil character	N
2. Altering natural defenses	N
3. Foreclosing important uses	N
4. Jeopardizing man or his works	N
5. Other factors _____	
_____	
B. WATER QUALITY	
1. Physical state of water	N
2. Chemical and biological states	N
3. Ecological balance	N
4. Other factors _____	
_____	
C. ATMOSPHERIC	
1. Air additives	N
2. Air pollution	N
3. Noise pollution	N
4. Other factors _____	
_____	
D. NATURAL RESOURCES	
1. Diversion, altered use of water	N
2. Irreversible, inefficient commitments	N
3. Other factors _____	
_____	
E. CULTURAL	
1. Altering physical symbols	N
2. Dilution of cultural traditions	N
3. Other factors _____	
_____	

Impact Areas & Sub-areas[1/]	Impact[2/]
F. SOCIOECONOMIC	
1. Changes in economic/employment patterns	N
2. Changes in population	N
3. Changes in cultural patterns	N
4. Other factors _____	
_____	
G. HEALTH	
1. Changing a natural environment	N
2. Eliminating an ecosystem element	N
3. Other factors _____	
_____	
H. GENERAL	
1. International impacts	N
2. Controversial impacts	N
3. Larger program impacts	N
4. Other factors _____	
_____	
I. OTHER POSSIBLE IMPACTS (not listed above)	
_____	
_____	
_____	

FOOTNOTES:

1/ See Explanatory Notes for this form.

2/ Use the following symbols:

N- No environmental impact
L- Little environmental impact
M- Moderate environmental impact
H- High environmental impact
U- Unknown environmental impact

Additional comments:

Appendix D

AID 1020-2011 F21

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: International Fertility Research Program

Life of Project:
From FY 78 to FY 80
Total U.S. Funding $5,468
Date Prepared: May 24, 1978

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective to which this project contributes: Reduction of excess fertility and too rapid rates of population increase in less developed countries through the introduction, diffusion and evaluation of existing, improved, or new contraceptive technology and delivery systems.	**Measures of Goal Achievement:** Change in the level and pattern of LDC fertility and contraceptive acceptance and continuation.	Family planning program service statistics; contraceptive prevalence and other survey data; and when available, census and vital registration data.	**Assumptions for achieving goal targets:** Contraceptive services, when made available to LDC populations, will be accepted and used to an extent sufficient to cause significant declines in fertility. Availability of additional contraceptive methods will yield a net gain in number of acceptors and higher continuation rates.
Project Purpose: Institutionalization within LDCs of the ability to introduce, evaluate, and diffuse existing, improved, and new contraceptive technology and delivery systems.	**Conditions that will indicate purpose has been achieved: End of project status.** Establishment of national fertility research programs; completion of training of LDC practitioners; documented evaluation and subsequent acceptance or rejection of various contraceptive methods and delivery systems.	Subgrant substantive and financial reports; visits to subgrant projects; published articles and conference presentations; availability of previously unavailable contraceptive methods.	**Assumptions for achieving purpose:** Provision of financial, technical, scientific and administrative support to LDC fertility research activities will stimulate the introduction and diffusion of better and more appropriate fertility control technology and lead to greater use of safe, effective contraception.
Outputs: National Fertility Research Program established and supported. Clinical studies carried out. Delivery systems evaluated. Contraceptive prevalence surveys executed. New contraceptive techniques taught to LDC health professionals. IJGO published and distributed.	**Magnitude of Outputs:** Approximately 9-12 FRPs supported, of which 6-9 will be initiated; 400 demonstration studies completed; 100-150 scientific papers published or presented; 4-8 delivery systems evaluated; 2-6 prevalence surveys executed; 500 LDC practitioners trained; 10,000 recipients of IJGO.	Subgrant substantive and financial reports; site visits by project evaluation team and independent evaluation teams from AID and/or other organizations. Reports from AID field personnel and resident population and family planning experts.	**Assumptions for achieving outputs:** LDC government and private sector institutions and leaders will continue to support project activities or, where activities are not yet underway, begin to support them. LDC institutions have the technical, scientific and administrative skills required to carry out the project.
Inputs: See Table 2.	**Implementation Target (Type and Quantity)**	PIO/Ts; subgrant proposals, service agreements; financial and substantive reports; regular exchange via correspondence, meetings and reports between IFRP and LDC project personnel. Site visits by appropriate evaluation teams.	**Assumptions for providing inputs:** Demonstrated IFRP technical and managerial ability to initiate, monitor and successfully conclude project activities. Funds will be available for proposed project activities. Other donors will not provide support for project activities.

APPENDIX E

SC(2) - PROJECT CHECKLIST

Listed below are, first, statutory criteria applicable generally to projects with FAA funds, and then project criteria applicable to individual fund sources: Development Assistance (with a sub-category for criteria applicable only to loans); and Security Supporting Assistance funds.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? IDENTIFY. HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

BEST AVAILABLE DOCUMENT

A. GENERAL CRITERIA FOR PROJECT.

1. App. Unnumbered; FAA Sec. 653(b); Sec. 611

(a) Describe how Committees on Appropriations of Senate and House have been or will be notified concerning the project; (b) is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than $1 million over that figure

FY 78 Congressional Presentation

2. FAA Sec. 611(a)(1). Prior to obligation in excess of $100,000, will there be (a) engineering, financial, and other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

Yes

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

N/A

4. FAA Sec. 611(b); App. Sec. 101. If for water or water-related land resource construction, has project met the standards and criteria as per *the Principles and Standards for Planning Water and Related Land Resources dated October 25, 1973*?

N/A

5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed $1 million, has Mission Director certified the country's capability effectively to maintain and utilize the project?

N/A

6. FAA Sec. 209, 613. Is project susceptible of execution as part of regional or multilateral project? If so why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. If assistance is for newly independent country, is it furnished through multilateral organizations or plans to the maximum extent appropriate?

N/A

7. FAA Sec. 601(a); (and Sec. 201(f) for development loans). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

N/A

8. FAA Sec. 601(b). Information and conclusion on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

U.S. private enterprise will be source for goods and services to maximum feasible extent.

9. FAA Sec. 612(b); Sec. 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized to meet the cost of contractual and other services.

Grant Agreement will so specify

10. FAA Sec. 612(d). Does the U.S. own excess foreign currency and, if so, what arrangements have been made for its release?

In some project countries, U.S. may own excess currency. Release has been accomplished satisfactorily in the past

11. ISA 14. *Are any FAA funds for FY 78 being used in this Project to construct, operate, maintain, or supply fuel for, any nuclear powerplant under an agreement for cooperation between the United States and any other country?*

No.

2. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria:

a. FAA Sec. 102(c); Sec. 111; Sec. 281a. Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production, spreading investment out from cities to small towns and rural areas; and (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions?

N/A

51

b. FAA Sec. 103, 103A, 104, 105, 106, 107. Is assistance being made available: [Include only applicable paragraph -- e.g., a, b, etc. -- which corresponds to source of funds used. If more than one fund source is used for project, include relevant paragraph for each fund source.]

(1) [103] for agriculture, rural development or nutrition; if so, extent to which activity is specifically designed to increase productivity and income of rural poor; [103A] if for agricultural research, is full account taken of needs of small farmers; **N/A**

(2) [104] for population planning or health; if so, extent to which activity extends low-cost, integrated delivery systems to provide health and family planning services, especially to rural areas and poor; **Project purpose**

(3) [105] for education, public administration, or human resources development; if so, extent to which activity strengthens nonformal education, makes formal education more relevant, especially for rural families and urban poor, or strengthens management capability of institutions enabling the poor to participate in development; **N/A**

(4) [106] for technical assistance, energy, research, reconstruction, and selected development problems; if so, extent activity is: **N/A**

(a) technical cooperation and development, especially with U.S. private and voluntary, or regional and international development, organizations;

(b) to help alleviate energy problem;

(c) research into, and evaluation of, economic development processes and techniques;

(d) reconstruction after natural or manmade disaster;

(e) for special development problem, and to enable proper utilization of earlier U.S. infrastructure, etc., assistance;

(f) for programs of urban development, especially small labor-intensive enterprises, marketing systems, and financial or other institutions to help urban poor participate in economic and social development.

1b

(5) [107] by grants for coordinated private effort to develop and disseminate intermediate technologies appropriate for developing countries.

c. FAA Sec. 110(a); Sec. 208(e). Is the recipient country willing to contribute funds to the project, and in what manner has or will it provide assurances that it will provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or has the latter cost-sharing requirement been waived for a "relatively least-developed" country)?

N/A

d. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to Congress been made, and efforts for other financing, or is the recipient country "relatively least developed"?

N/A

e. FAA Sec. 207; Sec. 113. Extent to which assistance reflects appropriate emphasis on; (1) encouraging development of democratic, economic, political, and social institutions; (2) self-help in meeting the country's food needs; (3) improving availability of trained workers in the country; (4) programs designed to meet the country's health needs; (5) other important areas of economic, political, and social development, including industry; free labor unions, cooperatives, and Voluntary Agencies; transportation and communication; planning and public administration; urban development, and modernization of existing laws; or (6) integrating women into the recipient country's national economy.

Project emphasis is on improvement of health and social well-being of rural and urban poor by enabling them to cease childbearing at desired number of children.

f. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civic education and training in skills required for effective participation in governmental and political processes essential to self-government.

Part of project purpose and implementation.
Project extensively utilizes host country resources and institutions.

B1

g. FAA Sec. 201(b)(2)-(4) and -(8); Sec. 201(e); Sec. 211(a)(1)-(3) and -(8). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth; or of educational or other institutions directed toward social progress? Is it related to and consistent with other development activities, and will it contribute to realizable long-range objectives? And does project paper provide information and conclusion on an activity's economic and technical soundness?

Yes

h. FAA Sec. 201(b)(6); Sec. 211(a)(5), (6). Information and conclusion on possible effects of the assistance on U.S. economy, with special reference to areas of substantial labor surplus, and extent to which U.S. commodities and assistance are furnished in a manner consistent with improving or safeguarding the U.S. balance-of-payments position.

Project will not have negative effects on U.S. economy.

2. Development Assistance Project Criteria (Loans only)

N/A

a. FAA Sec. 201(b)(1). Information and conclusion on availability of financing from other free-world sources, including private sources within U.S.

b. FAA Sec. 201(b)(2); 201(d). Information and conclusion on (1) capacity of the country to repay the loan, including reasonableness of repayment prospects, and (2) reasonableness and legality (under laws of country and U.S.) of lending and relending terms of the loan.

c. FAA Sec. 201(e). If loan is not made pursuant to a multilateral plan, and the amount of the loan exceeds $100,000, has country submitted to AID an application for such funds together with assurances to indicate that funds will be used in an economically and technically sound manner?

d. FAA Sec. 201(f). Does project paper describe how project will promote the country's economic development taking into account the country's human and material resources requirements and relationship between ultimate objectives of the project and overall economic development?

e. FAA Sec. 202(a). Total amount of money under loan which is going directly to private enterprise, is going to intermediate credit institutions or other borrowers for use by private enterprise, is being used to finance imports from private sources, or is otherwise being used to finance procurements from private sources?

f. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete in the U.S. with U.S. enterprise, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan?

3. Project Criteria Solely for Security Supporting Assistance — N/A

a. FAA Sec. 531. How will this assistance support promote economic or political stability?

b. FAA Sec. 533(c)(1). *Will assistance under the Southern African Special Requirements Fund be used for military, guerrilla, or paramilitary activities?*

4. Additional Criteria for Alliance for Progress — N/A

[Note: Alliance for Progress projects should add the following two items to a project checklist.]

a. FAA Sec. 251(b)(1), -(8). Does assistance take into account principles of the Act of Bogota and the Charter of Punta del Este; and to what extent will the activity contribute to the economic or political integration of Latin America?

b. FAA Sec. 251(b)(6); 251(h). For loans, has there been taken into account the effort made by recipient nation to repatriate capital invested in other countries by their own citizens? Is loan consistent with the findings and recommendations of the Inter-American Committee for the Alliance for Progress (now "CEPCIES," the Permanent Executive Committee of the OAS) in its annual review of national development activities?

5C(3) - STANDARD ITEM CHECKLIST

Listed below are statutory items which normally will be covered routinely in those provisions of an assistance agreement dealing with its implementation, or covered in the agreement by exclusion (as where certain uses of funds are permitted, but other uses not).

These items are arranged under the general headings of (A) Procurement, (B) Construction, and (C) Other Restrictions.

A. Procurement

1. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of goods and services financed?	**Yes - Standard AID procedures**
2. FAA Sec. 604(a). Will all commodity procurement financed be from the U.S. except as otherwise determined by the President or under delegation from him?	**Yes**
3. FAA Sec. 604(d). If the cooperating country discriminates against U.S. marine insurance companies, will agreement require that marine insurance be placed in the U.S. on commodities financed?	**N/A**
4. FAA Sec. 604(e). If offshore procurement of agricultural commodity or product is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity?	**N/A**
5. FAA Sec. 608(a). Will U.S. Government excess personal property be utilized wherever practicable in lieu of the procurement of new items?	**Yes**
6. MMA Sec. 901(b). (a) Compliance with requirement that at least 50 per centum of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S.-flag commercial vessels to the extent that such vessels are available at fair and reasonable rates.	**Yes**
7. FAA Sec. 621. If technical assistance is financed, will such assistance be furnished to the fullest extent practicable as goods and professional and other services from private enterprise on a contract basis? If the facilities of other Federal agencies will be utilized,	**Yes**

are they particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs?

8. International Air Transport. Fair Competitive Practices Act, 1974 — Yes

If air transportation of persons or property is financed on grant basis, will provision be made that U.S.-flag carriers will be utilized to the extent such service is available?

B. Construction

1. FAA Sec. 601(d). If a capital (e.g., construction) project, are engineering and professional services of U.S. firms and their affiliates to be used to the maximum extent consistent with the national interest? — N/A

2. FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable? — N/A

3. FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed $100 million? — N/A

C. Other Restrictions

1. FAA Sec. 201(d). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter? — N/A

2. FAA Sec. 301(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights? — N/A

3. FAA Sec. 620(h). Do arrangements preclude promoting or assisting the foreign aid projects or activities of Communist-bloc countries, contrary to the best interests of the U.S.? — Yes

4. FAA Sec. 636(i). Is financing not permitted to be used, without waiver, for purchase, long-term lease, or exchange of motor vehicle manufactured outside the U.S. or guaranty of such transaction? — Yes

3. Will arrangements preclude use of financing:

a. FAA Sec. 114. to pay for performance of abortions or to motivate or coerce persons to practice abortions, *to pay for performance of involuntary sterilization, or to coerce or provide financial incentive to any person to practice sterilization?* — Yes

b. FAA Sec. 620(g). to compensate owners for expropriated nationalized property? — Yes

c. FAA Sec. 660. to finance police training or other law enforcement assistance, except for narcotics programs? — Yes

d. FAA Sec. 662. for CIA activities? — Yes

e. App. Sec. 103. to pay pensions, etc., for military personnel? — Yes

f. App. Sec. 105. to pay U.N. assessments? — Yes

g. App. Sec. 106. to carry out provisions of FAA Sections 209(d) and 251(h)? (transfer to multilateral organization for lending). — Yes

h. App. Sec. 112. *to finance the export of nuclear equipment, fuel, or technology or to train foreign nationals in nuclear fields?* — Yes

i. App. Sec. 501. to be used for publicity or propaganda purposes within U.S. not authorized by Congress? — Yes

TABLE 1. International Fertility Research Program Subgrants: AID Grant 1198

September 30, 1977 - September 29, 1978

PROJECT	SUBGRANTS Direct	SUBGRANTS IFRP Overhead	IFRP Direct	IFRP IFRP Overhead	TOTAL
Mexico	$58,440	$ 3,848	$28,387	$ 10,923	$101,598
PRIF	98,436	3,848	34,509	13,279	150,072
IFFRP	28,992	3,848	10,300	3,963	47,103
Bangladesh FRP	57,184	3,848	105,347	40,538	206,917
Sao Paulo Contraceptive Prevalence	46,269	3,848	25,278	9,728	85,123
Tunisia FP Project	-	-	22,587	8,692	31,279
Morocco FP Project	-	-	23,914	9,203	33,117
TOTAL OBLIGATIONS					$655,209
TOTAL AMOUNT OF GRANT					655,209
UNOBLIGATED BALANCE					-0-

TABLE 2
International Fertility Research Program
($000)

Sub Project	FY 78 Subgrant	FY 78 IFRP Cost	FY 78 Subtotal	FY 79 Subgrant	FY 79 IFRP Cost	FY 79 Subtotal	FY 80 Subgrant	FY 80 IFRP Cost	FY 80 Subtotal	FY 81 Subgrant	FY 81 IFRP Cost	FY 81 Subtotal	Total
IFFHR	$ 75	$ 40	$ 115	$ 75	$ 40	$ 115	$ 60	$ 30	$ 90	$ 60	$ 30	$ 90	$ 410
PRIF	100	45	145	80	40	120	75	40	115	70	40	110	490
Bangladesh FRP	50	35	85	55	40	95	65	50	115	70	60	130	425
Mexico BioMedical Research	100	42	142	110	45	155	150	50	200	150	60	210	707
Indonesia FRP	75	40	115	85	40	125	85	40	125	90	45	135	500
Sri Lanka FRP	75	30	105	75	30	105	60	30	90	55	30	85	385
Sudan FRP	55	30	85	75	40	115	60	30	90	60	70	130	420
Monitoring Services	175	300	475	200	350	550	200	350	550	250	400	650	2,225
Training-medical	50	50	100	50	50	100	75	75	150	175	150	325	675
Conferences	20	4	24	25	5	30	30	7	37	60	10	70	161
International Journal of G/O	-0-	115	115	-0-	125	125	-0-	140	140	-0-	125	125	505
Additional FRP's	75	25	100	140	60	200	225	100	325	130	125	255	880
	$ 850	756	1,606	970	865	1,835	1,085	942	2,027	1,170	1,145	2,315	7,783