AGENCY FOR INTERNATIONAL DEVELOPMENT

Washington, D. C. 20523

PROJECT PAPER

AMENDMENT 1

INDIA: Family Planning Communications and Marketing (386-0485)

July 22, 1988

PROJECT PAPER SUPPLEMENT

INDIA - FAMILY PLANNING COMMUNICATIONS & MARKETING PROJECT
(386-0485)

DATE: July 22, 1988

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: C (A = Add, C = Change, D = Delete) — Amendment Number 2

DOCUMENT CODE: 3

2. COUNTRY/ENTITY: INDIA

3. PROJECT NUMBER: 386-0485

4. BUREAU/OFFICE: ASIA AND NEAR EAST — 03

5. PROJECT TITLE (maximum 40 characters): Family Planning Communications & Marketing

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 03 DD 31 YY 92

7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4)
A. Initial FY 83 B. Quarter 4 C. Final FY 91

8. 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	16,600	–	16,600	30,000	–	30,000
(Grant)	(6,600)	(–)	(6,600)	(30,000)	(–)	(30,000)
(Loan)	(10,000)	(–)	(10,000)	(–)	(–)	(–)
Other U.S. 1.						
Other U.S. 2.						
Host Country		22,000	22,000		7,900	7,900
Other Donor(s)						
TOTALS	16,600	22,000	38,600*	30,000	7,900**	37,900

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	C. PRIMARY TECH. CODE 2. Loan	D. OBLIGATIONS TO DATE 1. Grant	D. OBLIGATIONS TO DATE 2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	E. AMOUNT APPROVED THIS ACTION 2. Loan	F. LIFE OF PROJECT 1. Grant	F. LIFE OF PROJECT 2. Loan
(1) PN	430	430		20,200		2,000		30,000	
(2)									
(3)									
(4)									
TOTALS				20,200		2,000		30,000	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 450, 420

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)
A. Code: BR
B. Amount:

13. PROJECT PURPOSE (maximum 480 characters)

To increase fertility awareness and the use of safe, readily available and inexpensive, non-terminal methods of fertility reduction.

14. SCHEDULED EVALUATIONS
Interim MM 03 YY 89 — Final MM 03 YY 90

15. SOURCE/ORIGIN OF GOODS AND SERVICES
[X] 000 [X] 941 [ ] Local [ ] Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a ____ page PP Amendment.)

* Project Loan obligations totalling $34.0 million were deobligated in FY 1987.

** Host Country contribution has been reduced to $7.9 million over the Life-of-Project subsequent to deobligation of $34.0 million in loan funding for the project.

Controller, USAID/New Delhi — Date signed 7-22-88

17. APPROVED BY
Signature
Title: Robert N. Bakley, Director, USAID/New Delhi
Date Signed: MM 07 DD 22 YY 88

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

AID 1330-4 (8-79)

UNITED STATES AGENCY for INTERNATIONAL DEVELOPMENT

NEW DELHI, INDIA

July 22, 1988

ACTION MEMORANDUM TO THE DIRECTOR USAID/INDIA

FROM: Steven J. Freundlich, PRJ

SUBJECT: Family Planning Communications & Marketing Project (386-0485) -Project Authorization Amendment.

ACTION: You are requested to approve a Project Authorization Amendment for the Family Planning Communications & Marketing (FPC&M) Project which will increase the Life-of-Project (LOP) funding level from $20.2 million to $22.2 million.

BACKGROUND: The subject project was originally authorized on July 27, 1983 for a total LOP funding level of $47.0 million. Under the initial Project Agreement there was: a loan of $34 million to finance the establishment of a Contraceptive Marketing Organization (CMO); and a grant of $14 million to assist the Government of India (GOI) to expand its program to improve the use of temporary and/or reversible contraceptives. The project purpose focuses on assisting the GOI's effort to increase fertility awareness and the use of safe, readily available and inexpensive temporary methods of contraception.

The original Project Authorization was amended three times. The initial amendment reduced the funding in the grant portion of the project by $1.0 million which was then reallocated to the Contraceptive Development: Reproductive Immunology project. The second Project Authorization Amendment added $5.7 million to the grant component of the project, i.e. $2.0 million for the procurement of IUDs requested by the GOI; and $3.7 million for a variety of unilateral obligations of the mission. The third Project Authorization Amendment added $1.5 million of "Fallout" funding to the project for the purpose of partially financing a unilateral Operational Program Grant to Population Services International.

On August 20, 1987 Project Implementation Letter number 7 was issued which deobligated $34 million from the loan portion of the project. This was due to the GOI's failure to satisfy the Conditions Precedent to disbursement of the funds for the CMO component of the project. At present the total LOP funding level of the project is $20.2 million in grant funds.

DISCUSSION: After extensive discussions with the concerned GOI official in the Ministry of Health and Family Welfare (MOHFW), the Department of Economic Affairs (DEA) and appropriate AID/W officials a PP Supplement was developed. This PP Supplement provides additional funding and realigns the illustrative project budget so as to bring the funding

allocations more in line with the present realities of the project. The details of this realignment can be seen in TABLE 1, The Summary Project Budget of the PP Supplement. Notwithstanding these modifications, the overall purpose and goal of the FPCM project remain unchanged.

The Project Committee has reviewed and has recommended approval of the PP Supplement by USAID/I. It is anticipated that the obligation of the additional funds for this project will be accomplished incrementally. In FY88 an initial additional obligation of $2.0 million will be provided to finance the procurement of IUDs (CUTs). Additional FY88 obligations may be made from "Fallout" funds if any should become available. The balance of additional funding will be obligated in the subsequent years, subject to the avilability of funds in accordance with the AID OYB/allotment. Such additional obligations will fund additional procurements of IUDs ($6.65 million) and the final contributions to the mission Operational Program Grant to Population Services International (PSI), Washington, D.C. ($1.15 million).

FAA SECTION 612 (b): When the USAID/I program was re-established in 1978, it was determined that as an exception the India program could provide project funded foreign exchange to finance eligible local cost expenditures, as opposed to funding such costs exclusively from U.S. government owned excess Rupees. This determination was reaffirmed during the FY 88 Annual Budget Submission (ABS) reviews in AID/W.

In accordance with past practice, your signature on the attached Project Authorization Amendment will provide the required FAA Section 612 (b) certification to use foreign exchange to finance local costs under the subject project.

CONGRESSIONAL NOTIFICATION: The Congressional Presentation of 1988 contains a notification to Congress that the USAID/I intends to increase the LOP funding level of the project by $2.0 million to a total of $22.2 million. Subsequent to the obligation of this FY88 funding a separate Congressional Notification will be forwarded to Congress related to the authorization of an additional $7.8 million for an increased LOP funding level of $30.0 million. Future obligation of this additional funding will be subject to the availability of funding in accordance with the A.I.D. OYB/allotment process in subsequent years.

CONDITIONS PRECEDENT AND COVENANTS: All the Conditions Precedent (CPs) to disbursement of funds and Covenants under the original Project Agreement have been met and no additional CPs or Covenants are required to implement the restructured project.

AUTHORITY: Redelegation of Authority 652, dated September 1, 1986 authorizes the Director of USAID/I to amend projects if the amendment: does not result in a total LOP funding level of more than $30.0 million; extend the PACD by more than two years; or extend the LOP for a period of more than 10 years. This amendment increases the LOP funding level to $30.0 million. Therefore, you have the authority to approve this PP Supplement and amend the existing Project Authorization.

RECOMMENDATION: That you sign the attached Project Authorization Amendment and the PP Supplement, Project Data Sheet and thereby authorize a $2.0 million increase in the LOP funding level of the Family Planning Contraceptive Marketing project and a realignment of the project budget as described in the attached PP Supplement.

Approved: Robert Boney

Disapproved: _____

Dated: 26 July 88

ATTACHMENTS:
Project Authorization Amendment
PP Supplement
PP Data Sheet

CLEARANCE:
PRJ, GThompson (DRAFT)
HPN, SSilberstein (DRAFT)
DPP, KKBablani
CO(A), GBarwicke
DD(A), RWBeckman

APP: 72-1181021
BPC: QDPA-88-27386-KG-62
~~PEC.#~~ ~~[illegible]~~

PROJECT AUTHORIZATION AMENDMENT

INDIA

Family Planning Communications and Marketing
Project Number 386-0485

1. Pursuant to Section 104(b) of the Foreign Assistance Act of 1961, as amended, the Family Planning Communications and Marketing Project for the Government of India was authorized on July 27, 1983 and amended on August 25, 1983, August 25, 1987 and September 29, 1987. The Project Authorization is hereby further amended to increase the amount of Grant funds for the Project from Twenty Million Two Hundred Thousand United States Dollars ($20,200,000) to Twenty Two Million Two Hundred Thousand United States Dollars ($22,200,000). This Two Million United State Dollars ($2,000,000) is being obligated during Fiscal Year 1988 to finance the procurement of IUDs (CUTs). Additional funds will be obligated subject to the availability of funds in accordance with A.I.D. OYB/allotment process in subsequent years.

2. The Project Authorization cited above, as amended, remains in force except as hereby further amended.

Robert N. Bakley,
Director
USAID/India

22 July 88
Date

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LIST OF ACRONYMS

AID/W	Agency for International Development/Washington
AIIMS	All India Institute of Medical Sciences
BEE	Block Extension Educator
BUCEN	Bureau of Census
CDSS	Country Development Strategy Statement
CEDPA	Center for Development & Population Activities
CMO	Contraceptive Marketing Organization
CP	Conditions Precedent
CPA	Certified Public Accountant
CTI	Central Training Institute
FHI	Family Health International
FPCM	Family Planning Communication and Marketing Project
FY	Fiscal Year
GOI	Government of India
HC	Host Country
HFWTC	Health & Family Welfare Training Center
HRD	Human Resources Development
IEC	Information, Education and Communication
ISPC	International Statistical Program Center
IUD	Intra Uterine Device
JHU	John Hopkins University
JSI	John Snow Incorporation
KAP	
LOP	Life of Project
MIS	Management Information System
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MPWs	Multi Purpose Workers
MSH	Management Sciences for Health
NGO	Non Governmental Organization
NRR	Net Reproductive Rate
OPG	Operational Program Grants
PACD	Project Assistance Completion Date
PASA	Participating Agency Service Agreement
PHC	Primary Health Center
PIL	Project Implementation Letter
PP	Project Paper
PSI	Population Services International
RG	Registrar General of India
S&T	Science & Technology
TPC	The Population Council
USAID/I	United States Agency for International Development/India

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I. PROJECT SUMMARY, RATIONALE AND DESCRIPTION

A. Introduction and Summary Description:

1.01 This Project Paper (PP) Supplement updates the original PP for the Family Planning Communications and Marketing Project (FPCMP). The Supplement incorporates changes which have been made by means of Project Amendments and PILs (Project Implementation Letters) since the project was originally signed in 1983. It also describes new activities designed to facilitate the achievement of the original project objectives and it presents an updated discussion of the Demographic and Family Planning situation in India.

1.02 As stated in the original PP, the broad goal of India's population policy is to reduce the rate of population growth, and thereby improve the quality of life. The PP goes on to state that "...this will be achieved only if every reasonable avenue is exploited". The FPCMP, as originally proposed, supported this goal by focusing on increasing the use of temporary family planning methods among younger couples. This focus was incorporated because: younger couples account for most births; delayed initial childbearing extends average generation intervals; and contraceptive use, in general, leads to smaller completed family size.

1.03 The original PP contained two main components: establishment of a Contraceptive Marketing Organization (CMO) with authority and funds to conduct marketing programs and backed up by vigorous promotional and Information, Education and Communication (IEC) activities; and secondly, support for Indo-U.S. collaboration and training in Demographic Analysis.

1.04 Under the initial Project Agreement, the U.S. Agency for International Development/India (USAID/I) obligated $34.0 million in loan funds and $13.0 million in grant funds to assist the Government of India (GOI) in expanding India's program to improve the use of temporary and/or reversible contraceptives. However, the Conditions Precedent (CPs) to disbursement of the loan funds were never met. These CPs related to: (a) the establishment of a CMO, as a semi-autonomous, non-profit organization; (b) the appointment of the Governing Board, the Executive Director and the senior staff for the CMO; and (c) the preparation of an Advertising and Market Research Plan. Despite USAID/I's long and concerted efforts, the CMO component of the project could not be implemented. Therefore, after four years, on August 20, 1987, USAID/I, on advice from AID/W, deobligated the $34.0 million loan component of the Project which had been earmarked mainly to establish the CMO

1.05 The remaining $13.0 million in grant funds covered line items in the budget for: (1) Contraceptive marketing, promotion and evaluation; (2) Information, Education and Communication (IEC); (3) Demographic Analysis; (4) Marketing, Evaluation, Operations Research; and (5) Contingency. The Project Authorization has been amended twice. The first amendment, dated August 25, 1987, added $5.7 million in grant funds to the project. This included: an additional $2.0 million of bilateral grant funds earmarked for the procurement of Intra Uterine Devices (IUDs); and $3.7 million of unilateral grant funds, ($1.45 million for an Operational Program Grant (OPG) to Population Services International (PSI) and $2.25 million to finance USAID/I Buy-Ins to a number of Science & Technology (S&T) Bureau centrally-funded activities). A second amendment was then signed on September 29, 1987. This amendment providing an additional $1.5 million for the PSI OPG and brought the Life-of-Project funding level to $20.2 million.

1.06 In Fiscal Year (FY) 1988 the GOI, to meet increased demand, requested an additional $2.0 million for the procurement of more IUDs. USAID/I plans to authorize and obligate this additional funding subsequent to the approval of this PP Supplement. This will bring the total obligated funding level of the project to $22.2 million. At the same time the original Project Assistance Completion Date (PACD) of March 31, 1990 will be extended by two years to March 31, 1992.

1.07 This PP Supplement describes restructured project activities which reflect the evolving concerns of the GOI in developing its Population/Family Planning Program, and the evolving USAID/I Country Development Strategy Statement (CDSS) of "modernizing" India through Science and Technology (S&T) and through Human Resources Development (HRD). The components of the original project, augmented by some new activities, fall into the following three categories: (1) The Demographic Research and Training Component which includes; (a) the PASA with the U.S. Bureau of the Census (BUCEN), (b) the grant to the East-West Population Institute, and (c) the unilateral Buy-Ins to the centrally-funded project with the Population Council; (2) The Contraceptive Availability Component which includes; (a) funding and procurement of IUDs, and (b) An OPG to PSI to support social marketing of Nirodh condoms; and (3) The Program Development Component which consists of; (a) The IEC project with the GOI, and (b) a collection of Buy-Ins to centrally-funded agreements including Family Health International (FHI), Management Science for Health (MSH), Johns Hopkins University (JHU), Center for Development and

Population Activities (CEDPA), and Johns Snow Inc. (JSI), to support research, management and training activities related to the improvement of service delivery systems.

B. Background and Rationale:

1.08 (1) GOI Population Policy, Plans and Targets - Since the design of the original FPCMP in 1982-1983, the GOI has strengthened its committment to making a broad range of Family Planning Services available throughout India. The Family Welfare Program (including Maternal and Child Health and Family Planning Services) is a centrally organized and funded program within the Ministry of Health and Family Welfare (MOHFW). Funds allocated to the program have increased in percentage terms as well as in absolute terms from Rupees 10.78 billion, in the Sixth Plan period (1980-85), to Rupees 32.56 billion, in the Seventh Plan period. The Family Welfare Program in India, according to the Seventh Five Year Plan document;

> "...occupies an important position in the socio-economic developmental plans. It plays a crucial role in Human Resource Development and in improving the quality of life of our people. It forms an essential and integral part of the twenty-point program which stresses the need for the promotion of family planning on a voluntary basis as a peoples' movement".

1.09 The MOHFW has adopted the long-term demographic goal of achieving a Net Reproduction Rate (NRR) of 1 during the period 2006-2011. The targets set for the year 1990, the end of the Seventh Five Year Plan, include the following: (a) an effective contraceptive prevalence rate of 42%; (b) a crude birth rate of 29.1 per 1,000 population; (c) a crude death rate of 10.4 per 1,000 population; and (d) an infant mortality rate of 90 per 1,000 births.

1.10 While these targets are indeed ambitious, there has been substantial progress over the past five years in the MOHFW's ability to delivery Family Planning Services. According to MOHFW statistics, the effective contraceptive prevalence rate, after remaining stagnant for about five years between 1977 and 1982, has increased from 23.7 in 1982 to 34.9 in 1987. This growth has also been accompanied by a shift in the balance of methods used. The share of sterilizations has decreased from about 84% in 1982 to 74% in 1986.

1.11 There has not, however, been a concomitant decline in the crude birth rate. This observation has led, both in

USAID/I and in the MOHFW, to a greater concern with collection of high quality demographic and program data and secondly to an awareness of the importance of an increased emphasis on use of contraception for spacing. To date, the GOI's efforts in this direction have centered on the IUD and the condom. Later sections of this PP Supplement describe the assistance USAID/I will provide to the GOI designed to increase availability of spacing methods.

1.12 (2) Recent Population and Fertility Trends - When the original PP was being prepared in 1981-82, the GOI and USAID/I, as well as other donors, were still responding to the results of the 1981 Census. Its results provoked renewed discussion of population issues. The preliminary Census count was 684 million as of March 1, 1981. This number was at least twelve million more than the projected figure used in the Sixth Five Year Plan. It suggested a decennial rate equal to that of the preceding decade. India's population had more than doubled since Independence (1947).

1.13 Average annual growth is still well over 2.0% and has declined very little, if any, over three decades. Slight fertility declines have been matched by mortality declines. (See Figure 1). It is anticipated that India's population will approach the one billion mark by the year 2000 and, shortly thereafter, surpass that of China. A slight difference in the timing of the fertility decline will make an enormous difference in the ultimate population size. (See Figure 2).

1.14 The proportion of married, fecund women using some type of contraception has increased but is still only about 35%. For reasons that are not clear, recent (last five year) increases in contraceptive prevalence have not been accompanied by corresponding declines in fertility. This data suggests that other off-setting factors exist. Furthermore, a series of surveys in 1980 indicate that the average Indian couple wants two sons and one daughter. This desired family structure precludes a rapid fertility decline which will result in reaching the GOI's fertility targets in a timely manner.

1.15 These trends and prospects are well-known to key decision-makers within the GOI, from the Prime Minister on down. Their determination to do something about them is reflected in the priorities and goals laid out by the GOI in the current (Seventh) Five Year Plan and by appropriate budget increases. While the targets which have been set are very ambitious, the GOI is serious about this problem and is spending largely its own money to solve it. In this context, the challenge for the FPCM project is to assist

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the GOI in better its understanding of the determinants of fertility and contraceptive use, and in developing strategies for more effective and efficient service delivery.

C. Detailed Description:

1.16 (1) The Goal of the restructured project remains the same as that of the original project: to reduce the rate of population growth and thereby improve the quality of life. The goals set by the GOI for the year 1990 (the end of the Seventh Five Year Plan) include the achievement of: an effective contraceptive prevalence rate of 42%; a crude birth rate of 29.1 per 1,000 population; a crude death rate of 10.4 per 1,000 population; and an infant mortality rate of 90 per 1,000 births. In the context of these very ambitious goals, and at the same time a decreasing availability of funds, USAID/I has attempted to identify significant "windows of opportunity" through which assistance can be provided that will contribute to achievement of the goals shared by the GOI and USAID/I. A Logical Framework Matrix is presented in Annex 6 which summarizes the project goal, purposes, inputs and outputs.

1.17 (2) The Purpose of the collection of activities funded under this restructured project remains the same as in the original PP: to increase availability and use of safe, effective, and inexpensive methods of Family Planning. Because USAID/I is not financially or strategically in a position to provide general program support for service delivery to the target population, as a whole, activities have been selected by USAID/I and the MOHFW which have potential for leading to a better understanding of ways to improve efficiency and effectiveness of service delivery, particularly of spacing methods and of demographic processes.

1.18 The contribution of the various project components to fulfilling this purpose is as follows:

1.19 a. Demographic Research and Training: This component provides support for both training and collaborative research. Training is being provided to GOI officials in demographic methods, the determinants of fertility, and the analysis of program data. The U.S. Bureau of the Census (BUCEN), through a PASA arrangement with the International Program Office, and the East-West Population Institute, through a grant, are implementing this component of the project. The training and equipment which will be provided is especially timely as the Office of the Registrar General of India (R.G.) prepares for the 1990 Census. Collaborative research

between the East-West Population Institute, the R.G., the Population Council and the Gujarat Institute of Area Planning is investigating demographic and service delivery issues, including determinants of variation in contraceptive prevalence. These activities are based on the assumption that the GOI urgently needs better quality information to make the most effective programmatic decisions to increase contraceptive prevalence.

1.20 b. Contraceptive Availability: This component provides support for: (1) the procurement of a large quantity of IUDs to meet the recent increase in demand and consequent shortages in GOI stocks. It is understood that this is an interim solution to the problem which will be resolved only after the GOI's production capacity has increased sufficiently to fill demand. It is estimated that this will occur by 1992, the PACD of the project; and (2) The OPG to PSI which finances a program of social marketing of the Nirodh condom in six states. While organizationally this component is very different from the CMO proposed in the original PP, it is nonetheless designed to serve the same goals (increased availability of temporary methods of contraception) through a similar strategy (increased reliance on the private sector).

1.21 c. Program Development: The project included the following elements of Program Development: (1) An IEC element to complement the social marketing effort. This element was originally designed to provide strong leadership in communication activities and to improve training, supervision, and materials for existing workers. The PP Supplement includes a similar element which aims at improving Health and Family Planning Services in four, large, Hindi-speaking states of northern India by improved work planning and carefully scheduled supervision, training and management. An innovative strategy included in the present effort is the recruitment of volunteer "link" workers whose role is to increase access to GOI Family Planning programs for rural families. This element has been designed to document the development of a new service delivery strategy and to provide guidelines and modules with potential for extension to additional districts and states; (2) Another element of this component is a group of Buy-Ins to centrally-funded project supports activities designed to improve the capacity of Indian organizations, both public and private, to conduct high quality research, evaluation and training. U.S. institutions involved in this effort include JHU, MSH, JSI, CEDPA, and FHI. It should be noted that the

mechanism of the Buy-In involves a somewhat unique relationship between USAID/I and the contractor in terms of work plan development, implementation, and monitoring. Primary responsibility for monitoring implementation of the Buy-In activities rests with AID/Washington (AID/W). However, the mandate of these organizations is to be responsive to requests for technical assistance from USAIDs and Host Country governments. The mechanism provides flexibility for U.S. organizations with particular technical or management skills to respond to USAID/I and GOI requests for assistance as the strategy of development assistance over the next several years evolves.

1.22 (3) The Outputs - of the project include: the development of improved, program relevant data and analysis; increased availability of spacing methods, specifically IUDs and condoms; and improved strategies for fieldworker training, supervision and work scheduling.

1.23 a. The Demographic Research and Training component provides support for analysis of demographic data and of social and economic factors related to fertility and mortality. Outputs of this component include collaborative research and training carried out by the R.G., the GOI, BUCEN, and the East-West Population Institute. The collection and analysis of India's demographic data is performed by the R.G. under whose aegis this project component will be implemented.

1.24 Specialists from the R.G.'s office are being trained in the U.S. in statistical sampling, data evaluation, demographic analysis, data processing, computer software and the application of microcomputer technology. Courses vary in length from 4 to 11 months. Short-term, in-country workshops of approximately 2-3 weeks each, will be conducted on special topics related to data processing and analysis. These workshops, conducted by U.S. specialists, will be held primarily for middle level staff. A total of about 120 individuals will receive training.

1.25 In addition, financial support for procurement by the R.G. and training in the use of a mainframe computer system is provided. Until now, the R.G. has had to request use of computing facilities in other government agencies and use these on an as available basis. This arrangement proved unsatisfactory for the 1981 Census and is a poor option for processing the 1991 Census. With greater computational capacity, the R.G. will be able to plan a 1991 Census that is modern in design, concept and execution. Using such a new computer

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facility will be a complex undertaking requiring substantial lead time for procurement, installation, training and modification of procedures.

1.26 The 1991 Census will cover well over 800 million people and will be the first Census of India to utilize modern data processing equipment in virtually all stages of operation. To assure the success of this undertaking, funds are provided for a flexible program including: long-term training for 5 data analysts at the U.S Census Bureau; a custom-designed program of consultation and work visits U.S. experts; applied training workshops; and technical assistance. Complementing these activities, the East-West Population Institute will collaborate with the R.G.'s office and provide demographic training, both in India and in Hawaii.

1.27 Finally, the Population Council, collaborating with the Gujarat Institute of Area Planning, will analyze the determinants of variability in district-wise contraceptive prevalence, in order to provide guidelines for program improvement.

1.28 b. The Contraceptive Availability component is made up of a number of elements including: (1) IUD Procurement which will have an output of the timely supply of an estimate $8 million worth of IUDs. It is anticipated that this amount of IUDs will be sufficient to meet the rising demand in India until the GOI has developed sufficient production capability incountry. During FY 1988, $4 million will be provided for this purpose; (2) An OPG with PSI whose output will be increased levels of expenditure on Nirodh marketing, improved promotion of Nirodh condoms, and increased capability of the distribution system. More specifically: marketing plans will be developed; New Delhi and regional staff will be trained; advertising campaigns will be carried out; and, as a result of the organizational and implementation activities of the first two years, a fully capable social marketing organization will be operational. More generally, an improved strategy for social marketing of contraceptives will be developed and documented with potential for wider application.

1.29 c. The Program Development Activities component of the project includes the IEC element which supports an innovative extension strategy designed to improve service delivery through improved training and increased community involvement. More generally, the output of this element will be the development of a carefully documented training, supervisory, and service delivery

system which potentially could be extended to additional districts and states.

1.30 The operational strategy stresses four important interrelated elements of the system. These elements are: (1) supervision; (2) visit schedules; (3) training; and (4) monitoring and evaluation. The Operational Plan does not call for either substantial changes in the present system or additional resources, but efficient and effective resource management.

1.31 The outputs of the IEC element of the restructured project are similar to the original project, but the number of trainees has been expanded in some cases. Approximately 12 training institutions will be involved in implementation in 68 districts. Categories of individuals receiving training include: members of District Supervisory cum Training Teams, Health and Family Welfare Training Center (HFWTC) faculty members, Central Training Institution (CTI) faculty members, Medical Officers, Block Extension Educators, male and female Health Supervisors, male and female Multi-Purpose Workers (MPWs), and Link Workers.

1.32 Weekly work schedules for workers, supervisors and officers will be prepared and monitored at the Subcentre, Sector, Primary Health Center (PHC), and District levels. Schedules will allow for regular weekday visits to villages and accommodate all important activities such as Family Planning camps, and PHC monthly meetings to provide flexibility and to accommodate unforeseen cancellations of scheduled village visits. A few days in each tour week schedule will be allotted for missed visits. The visit schedules are also designed to encourage team work at various levels and to make supervision more effective.

1.33 Two types of training programs are envisaged under the system: one initial training and the other regular training. The initial training will introduce the new extension strategy. The regular training is a short duration, continuous activity. The MPWs will receive one day training once a fortnight at the sector level. In the first fortnight Block Extension Educators (BEEs) and male and female Health Assistants will be the trainers. In the second fortnight PHC Medical Officers (MOs) will also join the supervisors as a trainer.

1.34 Thus, in addition to training a very large number of Health and Family Welfare staff, the more general output of this element is a system for training, work

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scheduling and supervision which will be well documented in its initial phases of implementation. Documentation of this effort will thus constitute a case study of systematic change in the Health Care Delivery System and will provide guidelines for extension of the approach to other districts and states.

1.35 Another element of this component of the project are the Unilateral Buy-Ins to centrally-funded projects. The outputs of these Buy-Ins will be: research reports on program relevant subjects; and training and management assistance to Private Voluntary Organizations (PVOs) and Non-Governmental Organizations (NGOs) involved in innovative service delivery efforts and research. Detailed workplans for each of the Buy-Ins are included in Annex 4 of this PP Supplement.

1.36 (4) The Inputs to the project from the GOI includes: (a) for the IEC component, the resources and technical expertise of the All India Institute of Medical Sciences (AIIMS); the facilities of selected training institutes and Health and Family Welfare Training Center; support for regular program monitoring; MOHFW staff time; and various supplies to implement the program; (b) for the Demographic Analysis component, participation in and resources for demographic studies and analysis involving the R.G. and the MOHFW; and (c) for the IUDs component, shipping, distribution, and clinical facilities for insertion of the IUDs.

1.37 USAID/I provided inputs include: financial resources for IEC activities; support for IEC advisor and for local consultants; resources and technical collaboration in demographic analysis and computer procurement; funds for IUD procurement; funds to support an OPG to PSI; and unilateral funding for Buy-Ins to centrally-funded projects.

1.38 The Indian Private Sector inputs to the project will include: the participation of retailers in social marketing of Nirodh condoms.

II. COST ESTIMATE AND FINANCIAL PLAN

2.00 A review of the GOI budgets for Health and Family Welfare during the anticipated life of this project indicates that an estimated equivalent of $7.9 million will be provided by the GOI to support IEC activities and activities of the R.G.. In addition the MOHFW will be providing funding for the logistics support and for the clinics required to insert the IUDs financed under the project.

A. Demographic Research and Training:

2.01 USAID/I will finance up to $2.84 million for the analysis of the determinants of fertility necessary to evaluate the impact of the GOI's Family Welfare Program and for research relating to variations in program performance. Included in this support will be the cost of U.S. and local training provided by BUCEN and the East-West Population Institute. Funds will also be provided to purchase a mainframe computer for the R.G.. The original project budget provided $1.09 million and in 1987 the Project was amended to provide an additional $1.75 million, from the contingency line item of the original budget, to finance the training and procurement requirements of this component.

2.02 In addition to this bilateral funding, a unilateral Buy-In to the centrally-funded Agreement with the Population Council, in the amount of $550,000, supports collaborative research on inter-district variability in contraceptive prevalence.

B. Contraceptive Availability:

2.03 (1) IUD Procurement - In 1987 USAID/I added $2.0 million to the Project, to finance the procurement of IUDs and $2.0 million more is being added in 1988. Furthermore, the MOHFW has requested that funds be shifted from the "Contingency" and the "Marketing, Operations, Research, Evaluation" line items of the original project budget. The GOI has also indicated that additional "fallout" funds in 1989 and 1990, up to a total of $5.0 million per year, would be most welcome for the same purpose. Therefore this PP Supplement shifts an additional $4.0 million from other budget line items of the original project budget to the procurement of IUD, for a total of $8.0 million.

2.04 (2) The OPG to PSI - USAID/I awarded a $2.95 million OPG of unilateral project funds to PSI to provide support for a program in contraceptive social marketing of the Nirodh condom in four northern states. Costs covered include marketing, management, trade promotion and evaluation of the Grantee's performance.

C. Program Development:

2.05 (1) The IEC element will include support for a wide variety of activities. USAID/I will provide an estimated $6 million to support the costs of: training, consulting fees, technical assistance, development and production of training materials, the operation of mobility schemes and

procurement of a small amount of equipment. Another element of this component is the provision of consultative services through a unilaterally funded Buy-In, in the amount of $300,000, to a centrally-funded Cooperative Agreement with Johns Hopkins University.

2.06 (2) Under the Management Information System (MIS) component of the project USAID/I, in 1987, provided $300,000 for a unilaterally funded Buy-in to a centrally-funded program with Management Services for Health (MSH). This initial funding was for the support of phase I and II activities. These activities are expected to be completed in March 1989. Phase III is expected to commence in April 1989. The designing, field testing and instituting of a MIS under phase III will be supported with bilateral FPCMP funds totaling $1.5 million.

2.07 (3) Under the Buy-Ins component of the project USAID/I has provided a total of $2.25 million in unilateral project funding for a variety of expertise related to research, management and training. Detailed budgets for this component of the project are included in Annex 5 of the PP Supplement.

D. Illustrative Budgets:

2.08 A Summary Project Budget is presented in Table 1. The Summary Financial Plan is provided in Table 2, the Methods of Implementation and Financing are provided on Table 3 and the Project Expenditures by U.S. Fiscal Year are provide in Table 4.

TABLE 1

SUMMARY PROJECT BUDGET
(ORIGINAL & FY 88 OBLIGATION & TOTAL AUTHORIZATION)
in $ million

PROJECT COMPONENTS	ORIGINAL GRANT TOTAL	OBLI AS OF FY 88 LC	FX	TOTAL	TOTAL LOP COST
1. DEMOGRAPHIC RESEARCH & TRAINING	1.09	1.24	1.60	2.84	2.84
2. CONTRACEPTIVE AVAILABILITY	0.00	0.00	10.55	10.55	17.25
A. OPC (PSI)	0.00	0.00	2.55	2.55	4.1
B. IUCD	0.00	0.00	8.00	8.00	13.15
3. PROGRAM DEVELOPMENT	0.00	0.00	2.25	2.25	5.75
A. IEC	0.00	0.00	0.00	0.00	0.[illegible]
B. Training	0.00	0.00	2.25	2.25	3.25
C. MIS	0.00	0.00	0.00	0.00	1.5
4. MONITORING & EVALUATION	0.00	0.00	0.16	0.16	0.16
5. MAP FINAL, OPERATIONS RESEARCH, TRAINING AND EVALUATION	1.53	0.00	0.00	0.00	[illegible]
6. OPC	0.00	0.00	0.00	0.00	[illegible]
7. CONTINGENCY	2.44	0.00	0.00	0.00	[illegible]
TOTAL	[illegible]	7.24	14.96	22.20	[illegible]

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TABLE 2

SUMMARY FINANCIAL PLAN

in $ million

PROJECT ELEMENTS	A. I. D. GRANT				GOI CONTRIBUTION	TOTAL
	BILATERAL			UNILATERAL		
	FX	LC	SUBTOTAL	FX	LC	
DEMOGRAPHIC RESEARCH & TRAINING	1.69	1.24	2.84	0.00	0.00	2.84
a. East-West Pop. Inst.	0.69	0.10	0.79	0.00	0.00	0.79
b. BUCEN	1.00	0.09	1.09	0.00	0.00	1.09
c. COMPUTER PROCUREMENT	0.00	1.05	1.05	0.00	0.00	1.05
CONTRACEPTIVE AVAILABILITY						
a. OPG (PSI)	0.00	0.00	0.00	4.10	0.00	4.10
b. IUCs	17.15	0.00	17.15	0.00	0.00	17.15
PROGRAM DEVELOPMENT						
a. IEC	0.00	0.00	0.00	0.00	7.50	17.50
b. BUY-INs	0.00	0.00	0.00	2.25	0.00	2.25
1. Johns Hopkins	0.00	0.00	0.00	0.30	0.00	0.30
2. MEB	0.00	0.00	0.00	0.30	0.00	0.30
3. JSI	0.00	0.00	0.00	0.50	0.00	0.50
4. SEDPA	0.00	0.00	0.00	0.20	0.00	0.20
5. Population Council	0.00	0.00	0.00	0.55	0.00	0.55
6. FHI	0.00	0.00	0.00	0.40	0.00	0.40
c. MIS	0.00	1.50	1.50	0.00	0.00	1.50
MONITORING & EVALUATION	0.00	0.00	0.10	0.00	0.00	0.10
TOTAL	18.91	3.74	22.65	6.35	7.50	37.50

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TABLE 3

METHODS OF IMPLEMENTATION AND FINANCING

SUBPROJECT ACTIVITIES	METHOD OF IMPLEMENTATION	METHOD OF FINANCING	APPROXIMATE COST ($ million)
DEMOGRAPHIC RESEARCH & TRAINING			2.84
a. BUCEN	PASA	Direct Reimbursement	0.70
b. East/West Center	USAID/I Bilateral Grant	Direct Reimbursement	1.09
c. Computer procurement	HC Contract	Direct Reimbursement	1.05
CONTRACEPTIVE AVAILABILITY			17.25
a. OPG (PSI)	USAID/I Direct Grant	Direct Reimbursement	4.10
b. IUDs	AID/W Direct Contract	Direct Pay	13.15
PROGRAM DEVELOPMENT			9.75
a. IEC	HC Contracts/Grants	Direct Reimbursement	6.00
b. BUY-INs	AID/W Contracts or Grants	Direct Pay or LOC	2.25
c. MIS	HC Contracts/Grants	Direct Reimbursement	1.50
MONITORING & EVALUATION	USAID/I Direct Contracts	Direct Pay	0.16
TOTAL			33.40

TABLE 4

PROJECT EXPENDITURE BY U.S. FISCAL YEAR

In $ million

PROJECT ELEMENTS	YR. 1 FY 88	YR. 2 FY 89	YR. 3 FY 90	YR. 4 FY 91	YR. 5 FY 92	TOTAL
DEMOGRAPHIC RESEARCH & ANALYSIS	0.40	0.80	1.64	0.00	0.00	2.84
CONTRACEPTIVE AVAILABILITY						17.25
a. OPG (PSI)	1.45	1.50	1.15 *	0.00	0.00	4.10
b. IUD	3.00	5.00	3.33 *	1.82 *	0.00	13.15
PROGRAM EVELOPMENT						9.75
a. IEC	0.60	1.60	3.80	0.00	0.00	6.00
b. BUY-INS	0.50	1.00	0.75	0.00	0.00	2.25
c. MIS	0.00	0.50 *	0.50 *	0.50	0.00	1.50
MONITORING & EVALUATION	0.00	0.00	0.08	0.00	0.08	0.16
TOTAL	5.95	10.40	11.25	2.32	0.08	30.00

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E. Audits:

2.09 In accordance with the provision of the "Payment Verification Policy Statement", USAID/I has evaluated the potential financial risks and vulnerabilities of implementing this project and has determined that there will be no need for special audit coverage which is beyond that usually afforded by the GOI and its implementing agencies. Therefore, project funds have not been set aside for this purpose.

2.10 The GOI will maintain separate books and records for the USAID/I funded portion of the IEC program. These shall provide adequate records relating to: the administration, monitoring and evaluation of the program; the nature and extent of solicitation of prospective suppliers of goods and services; the basis of awarding Host Country (HC) contracts and Work Orders; and the overall progress of the project. These records will be available for to USAID/I upon request to the GOI.

2.11 The IEC program will be implemented by the MOHFW and the AIIMS which are both subject to the contracting, audit, and payment verification procedures and guidelines prescribed by the GOI. As stated in USAID's initial submission of the "Mission Financing Policy and Procedures as of December 31, 1984",

> "... USAID has reasonable assurance, based on thirty odd years experience, that the Government and its departments have the necessary financial and management capability to implement projects."

2.12 The OPG for the distribution of Nirodh condoms will be administered by PSI, India with technical assistance from PSI, International. The grantee has provided detailed documentation of accounting procedures and the financial system to be used in grant administration. Item 2 of the Standard Provisions to the Project Agreement outlines the required accounting, audit, and recording procedures which have been agreed to and will be used in the implementation of the OPG.

2.13 Finally, the overall project, like all other USAID/I projects, has the standard audit provision included in the Project Agreement. The inclusion of these provisions will allow the AID Inspector General to audit the project operations either directly or through independent Certified Public Accountant (CPA) firms. However, it should be noted that no separate project funds have been earmarked to finance a non-federal audit.

III. IMPLEMENTATION PLAN

A. The IEC Element:

3.01 (1) Administrative Structure - The administrative structure of the project and the definition of responsibilities and authorities of the organizational elements are described in Annex 1 of the PP Supplement. A summary of the administrative structure is provided below:

3.02 a. Nodal Ministry: The MOHFW is responsible for overall direction of the project.

3.03 b. Apex Institute: The AIIMS has been designated as the apex institute for implementation of the project. As such the AIIMS will be responsible for the following: (1) provision of technical leadership to the organizations responsible for implementation of the elements of the project, i.e. Training Teams and Institutes; (2) development of, state-specific, training strategies; (3) development and production of training materials; (4) organization of workshops and training programs; (5) coordination of project activities at various levels; (6) participation in both the Mid-Term and Final project evaluations; and (7) the provision of feedback material, from time to time, to the MOHFW so as to facilitate review project progress.

3.04 c. Central Training Institutes (CTIs): The primary functions of CTIs are to: (1) prepare status papers on training material available in each state and identify gaps; (2) develop, test, and adapt training material to suit local requirements; (3) provide training to district teams and to Health and Family Welfare Centers (HFWTC) faculty; (4) attend workshops conducted at various levels; (5) prepare state-specific training plan; (6) supervise preparation of visit schedules; and (7) monitor and review the work of district teams and HFWTC.

3.05 d. Health and Family Welfare Training Centers: The specific functions of HFWTC will be to: (1) assist CTIs and the AIIMS in organizing training programs; (2) provide assistance to district supervisory cum training teams; (3) develop locally relevant or adapt centrally produced training materials; (4) use locally available materials and aids; and (5) document successful experiences at PHC and Sector levels.

3.06 (2) Implementation - During the first phase, the program will be implemented in 12 districts, with three districts

selected in each of the states of Rajasthan, Uttar Pradesh, Madhya Pradesh, and Bihar. This initial stage of implementation will be devoted to preparation, introduction, and standardization of work schedules at various levels. Simultaneously, review and development of training material will be done. USAID/I has already provided technical assistance to the IEC program in the form of a long-term, resident advisor. It is anticipated that local consultants will be provided to work with state governments and district officers, as well as with the HFWTCs and CTIs on districts and state levels. Such consultants will help: (a) upgrade faculty development; (b) prepare curriculum and materials development; (c) improve management capability and internal organization; (d) assist in planning and operation of mobile training and supervisory teams; and (e) networking local resources.

3.07 Following these activities, the establishment of supervisory teams, the training of supervisors and workers will be carried out. Program specific monitoring during the first phase will be the responsibility of committees at the state and the central levels. After a period of one year the program will be evaluated to suggest the feasibility of its extension to other districts with or without modifications, taking requirements of each state into account. A detailed Operational Plan for the implementation of the second phase of the program will then be formulated, incorporating the findings of the evaluation of the first phase of implementation. Annex 1 of the PP Supplement presents the details of the program implementation plan.

B. Demographic Analysis:

3.08 The Demographic Analysis component is implemented under the aegis of the Registrar General, Commissioner of the Census of the Ministry of Home Affairs, with assistance from the U.S. Bureau of the Census (BUCEN) and the East-West Population Institute. Training and technical assistance is provided by BUCEN through a Participating Agency Service Agreement (PASA). Overall PASA management is provided by the International Statistical Programs Center (ISPC) of the BUCEN. It is this unit that makes staff assignments, coordinates overall PASA management matters with USAID/I, monitors financial matters, and submits periodic reports. A detailed implementation schedule is presented in Annex 2 of the PP Supplement.

3.09 Similarly, the East-West Population Institute under grant 386-0485-G-00-6049, is responsible for the management, implementation, organizing, training, scheduling of technical assistance and provision of periodic technical and financial

reports required under this element of the project.

C. IUD Procurement:

3.10 The IUDs funded under this component will be provided through an AID/W contract with a supplier. A GOI Letter of Request for the procurement of IUDs under this project is included in Annex 3 of the PP Supplement.

D. OPG to PSI:

3.11 (1) Administrative Structure - PSI is directing the implementation of the Nirodh project through its New Delhi headquarters office. The Project Director, Marketing Manager, Accountant and five support staff are involved in the Nirodh marketing operation. Technical assistance and project monitoring support is provided through the PSI Washington office.

3.12 The PSI home office in Washington assumes responsibility for grant administration including: the installation and oversight of a compatible accounting systems; managing the transfer of funds to the India office; and the establishment of reporting and monitoring schedules. Short-term technical assistance in project planning, implementation and monitoring will be provided by the home office staff.

3.13 (2) Implementation - The implementation of the Nirodh project is facilitated by the fact that it is not a new product and elements such as product/brand registration and testing are not required. However, certain critical planning and project initiation activities are required, including: (a) trade and consumer market surveys; (b) Base-line Knowledge, Attitude and Practice (KAP) surveys, (c) Preparation of a marketing plan to specify targets, marketing objectives and strategies, and schedules, (d) Establishing regional offices and recruiting staff, (e) Planning and installing control systems, e.g. order forms, reporting mechanisms, journey schedules, etc.; and (f) Staff training and orientation.

3.14 A tentative implementation plan for the northern region has been developed in three phases which will occur over a two year period. During Phase 1: The marketing plan will be completed; All Nirodh project New Delhi staff will be recruited; A regional office location will be identified; Recruiting of regional office staff will be completed; Data control systems will be established; the advertising campaign will be initiated; and the product sell-in will

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3.15 have started. During the second phase: the baseline KAP survey field work will be completed; special rural promotions will be routinely incorporated; redistribution stockists' salesmen will have been recruited and hired; marketing strategies will be revised for preparation of the second annual marketing plan based on experiences from seven months marketing activities; and sales will begin to provide good data for future projections.

3.16 During the third phase: tracking studies will be initiated; there will be sufficient data from project activities to assess performance in quantitative terms; project progress will be reviewed in detail by PSI and USAID/I staff; Eastern regional activities will be initiated a full six months after the northern region, but the expected outputs will follow a pattern similar to the northern region.

E. The Unilateral Buy-Ins:

3.17 This component, totalling $2.25 million, will be administered and implemented directly by the grantee/contractor. Annex 4 of the PP presents a summary of activities supported by the Buy-Ins.

F. Contracting for Services and Supplies:

3.18 USAID/I will approve all Host Country Contracts in excess of $100,000, prior to execution. The USAID/I approval will include reviewing and approving the procurement procedures to be followed in both the IEC and the Demographic Analysis components of the project.

IV. MONITORING PLAN

A. Areas of Special Concern for USAID/I Monitoring:

4.01 A number of specific area are of special concern to the project design team and therefore should be monitored throughout the life of the project. These include: (1) As part of the IEC component, the timely appointment of staff, implementation/habituation of new work schedules of health workers and supervisors, including staff meetings and training; the operations of the mobile training teams and local operation of the field-oriented training through HFW Training Centers; the support function of the Central Training Institutions; the transmission and use of project experiences to successive additional Districts and States; and the reflection of the project's experience in Eighth Five Year Plan.

4.02 Under the Demographic Analysis component of the project

specific activities which will require careful USAID/I monitoring include: the timely clearance by the GOI of individuals travelling to the U.S. for training; and the procurement and installation of the mainframe computer in time for next census. Detailed work plans and schedules have been developed for these activities. Progress will be monitored against these schedules.

4.03 Under the IUD component of the project it will be necessary to monitor the timely placement of orders and the timely delivery to India of the IUDs.

4.04 Under the PSI grant USAID/I will need to monitor the timely establishment of offices and the appointment of staff and the development of marketing plan.

4.05 Under the Unilateral Buy-Ins component USAID/I will need to monitor the prompt and informative reporting of project activities and expenditures to the Office of the Controller of USAID/I.

B. Planned Monitoring Actions by USAID/I Staff:

4.06 Since preparation of the original PP the relationship between USAID/I and the GOI has evolved, and the mode of project implementation has evolved as well. USAID/I has placed an increasing reliance on contractors for project implementation and project monitoring.

4.07 Under the IEC the following monitoring schedule is planned:

PLANNED TIMING	ACTIVITY DESCRIPTION
4-9/88	review by IEC advisor/staff of project monitoring criteria, processes and existing capacities;
4-9/88	review by IEC advisor/staff of newly developed training materials
10-12/88	Meetings of IEC advisor/staff with counterparts to review first quarterly monitoring report of program implementation and to review use of monitoring data by newly selected districts;
1-3/89	Discussions with counterparts to review second quarterly monitoring data; and
1-3/89	Discussions with project staff concerning phase 2 of the program.

4.08 The Demographic Analysis component of the project is being implemented through a PASA with the U.S. Bureau of the Census (BUCEN) and a Grant with the East-West Population Institute. These institutions are working incooperation with the Office of the Registrar General of India. The BUCEN PASA arrangement specifies that reports describing the project activities and a financial summary of expenditures and PASA funding balances will be filed with USAID/I on a regular basis.

4.09 The USAID/I demographic advisor and/or the staff of the HPN Office will review these reports and will meet regularly with staff of the R.G.'s office to review progress of the project. In addition, BUCEN will prepare trip reports for all project related international travel. These reports will emphasize the specific technical accomplishments of the TDY activity and will identify issues and concerns regarding the general progress of the project. These reports will be filed with USAID/I.

4.10 Similarly, the East-West Population Institute provides reports to USAID/I which are reviewed by the demographic advisor, who also attends portions of all training sessions and reviews training courses with counterparts in the MOHFW and in the R.G.'s office.

4.11 The OPG with PSI specifies that detailed quarterly reports will be filed with USAID/I. These reports are to include: (a) A comparison of actual accomplishments with the goals established for the period, the findings of the investigator or both. In addition, if the output of programs can be readily quantified, such quantitative data should be related to cost data for computation of unit costs and included in the reports; (b) Reasons why established goals were not met;(c) Other pertinent information including, when appropriate, analysis and explanation of costs overruns or high unit costs. These quarterly reports will be reviewed in detail by the project officer and discussed with PSI, India staff.

4.12 Finally, activities and trip reports relating to USAID/I funded Buy-Ins to centrally-funded projects will be reviewed by the USAID/I staff on a regular basis.

V. PROJECT ANALYSIS

A. Introductory Comment:

5.01 The analysis presented in the original PP, with the exception of the financial and administrative analysis, remain essentially valid for this PP Supplement. The

descriptions of the GOI and USAID/I policies, the costs and benefits of increasing prevalence and reducing fertility, and the social analysis remain valid. Therefore, the aim of this section of the PP Supplement is to indicate points where more current information is available and to describe a number of shifts in emphasis.

B. Policy and Strategy:

5.02 (1) GOI - The project has been designed to converge with current GOI population policy, which aims to supplement sterilization with temporary contraception, primarily among young couples. This is fully in accord with the Agency for International Development (AID) priorities. GOI also wishes to involve more fully the private sector in its Family Planning program. This, too, is consistent with AID policy.

5.03 (2) AID Population Assistance Policy and the Four Central Strategy Themes - AID's population assistance strategy emphasizes helping to achieve population growth rates consistent with the host country's perceived resources, and the right of all couples to have access to voluntary services for planning their families according to their own informed choices. AID also explicitly recognizes the considerable health and family welfare advantages to parents and children of birth spacing. The GOI has for many years been in full accord with these objectives.

5.04 The project is consistent with the main themes of overall AID strategy worldwide. The project emphasizes a shift toward greater private sector involvement and responsibility, through the operational program grant to PSI. Technology transfer in demography for improved planning and in contraceptive research are also prominent features of the project and are uniquely areas of Indo-U.S. collaboration. The project addresses institutional modification at the program level through the IEC component which focuses on improving capability for training, work planning and supervision of family welfare field staff.

5.05 (3) Relationship of Project to USAID's Family Planning Strategy- The strategy for fertility reduction formulated by USAID/I in early 1980 for the FY 82 Country Development Strategy Statement (CDSS) contained the following four basic objectives: (a) delay first pregnancy; (b) lengthen intervals between births; (c) encourage desire for small families; and (d) reduce, child mortality (and thus the need to produce more children to compensate for anticipated losses) and support policy dialogues on other factors that influence fertility norms (e.g., universal primary education).

5.06 While these demographic goals continue to be valid, the focus of this revised project is to assist the GOI in its efforts to reduce fertility through increasing awareness, availability and use of spacing methods of family planning, and through improved understanding of the determinants of contraceptive usage and effective service delivery. Two bilateral projects and a variety of centrally-funded efforts are the cornerstone of this strategy.

C. Financial Analysis:

5.07 (1) Project Costs - The total cost of the project is $37,900,000. The cost of project elements are summarized in Section II, Part B of the PP Supplement. The GOI's share of total project costs is $7.9 million which represents 33% of the total cost of the bilateral project cost of $23.65 million.

5.08 (2) Incremental Costs to GOI - The activities supported by this project will cause only very small incremental cost increases for the GOI. The IEC project is designed to increase the efficiency of workers such as the block extension workers and the health supervisors who are already employed by the MOHFW. The Demographic Analysis component provides funds for training and cooperative research, while the IUD component represents a response to an urgent request from the GOI to meet increased demands for IUDs.

5.09 In the case of the OPG to PSI, the GOI will provide Nirodh condoms to PSI at the same subsidy level available to all distributors, and will also provide the standard promotional allowance that is provided to all distributors of condoms. However, the provision of such subsidies and promotional allowances are not viewed an incremental costs which the GOI will be assuming in order to implement this project, since PSI is taking over the distribution responsibility that can not be fulfilled by Union Carbide Inc.

D. Economic Analysis:

5.10 The PP Supplement is not readily amenable to a cost-benefit analysis for several reasons. As an umbrella project it includes diverse types of activities: institutional development; research and training; and the procurement of contraceptives devices, i.e. IUDs. While all of these activities are aimed at achievement of the overall goal of reducing fertility and thereby increasing the health and well being of the population in general and of mothers and children in particular, this is a long run strategy.

5.11 It is theoretically possible to treat family planning and health expenditures as investments in human capital, and to estimate impact in this area with and without the project inputs. However, a priori1212 assumptions concerning accessibility of service, the nature and the cost of providing such services, the discounted stream of income over the life of the individuals served, etc. would be so tenuous as to make the analysis fundamentally unreliable.

5.12 Similarly, the benefit of fertility reduction can be defined as the value of a "birth averted" estimated from a macro-economic model which measures the effects of a reduced population growth rate on per capita income. The estimated value of a birth averted must then be to applied to the number of births averted as a result of the project. Such an analysis would, however, require a great many basic assumptions in the case of this PP Supplement. Most project components are a number of steps removed from actual contraceptive usage and fertility reduction. For example, the IEC project is aimed at improving work scheduling, training and supervision of field workers. It is virtually impossible to quantify the impact of this on contraceptive usage, other than to say it should increase as a result of the project.

5.13 Finally, it is possible to consider a number of the project components as investments in innovative activities. The IEC component aims at developing new and more effective systems for delivery of family welfare services. Any new approaches which are widely replicated could set up a stream of benefits from which, in theory at least, financial and economic rates of return could be developed. However, any quantitative estimates of the extent of such replication would be highly speculative. Similarly, the collection of activities funded by the Buy-Ins and the Demographic Analysis component aim to improve analysis and understanding of demographic processes, contraceptive decisions, and effective service delivery strategies. However, the quantitative relationship of such improved understanding to further fertility reduction is difficult to estimate.

5.14 In summary, the benefits resulting from project funded activities, include: institutional improvements in the service delivery system in four states; increased effectiveness of social marketing efforts in six states; increased capacity for demographic research; and a timely supply of IUDs to the GOI, are clear cut, but difficult to fit into a quantitative economic model. Therefore, although the PP Supplement does not contain a standard Economic or Cost/Benefit Analysis it has been determined that the anticipated outputs of the project will

have a beneficial impact and that the inputs outlined above are infact a economically sound investments of USAID/I resources.

E. Social and Behavioral Analysis:

5.15 In that the basic goal and purpose of the project have not been altered by this PP Supplement, the Social and Behavioral Analysis developed in the original PP still applies and no additional analysis is required at this time.

VI. CONDITIONS AND COVENANTS

6.01 This PP Supplement does not add any new Conditions or Covenants to the project. Previous Project Amendments and PILs have deleted the covenants relating to the implementation of the Contraceptive Marketing Organization (CMO) component of the project. All other conditions and covenants in the original PP have been met.

VII. EVALUATION ARRANGEMENTS

A. The IEC Program:

7.01 As with any innovative strategy, monitoring and evaluation are integral parts of implementation of the activity. The IEC component monitoring system has been designed to document the process of introducing a the new system as well as to provide data to program implementers and policy makers on the progressing improvement of the system and the appropriate timing for expansion of the system. Thus, monitoring and action research components have been built into virtually all activities on all levels of implementation. Thus the monitoring system will provide the data on which evaluation of the component will be based.

7.02 While the planned process of expansion of the IEC component is indeed rapid, each progressive stage in the process will be preceded by a review and assessment of data from the previous stage. Thus, the component will initially be implemented in 12 districts served by 4 training centers. One of the initial activities will be the development of detailed monitoring criteria and procedures and the training of all field staff in these procedures. Following the first eight months of implementation, during which district cum supervisory teams will be trained, materials for field worker training will be developed, PHC staff will be trained and visit schedules routinized, and link workers will be identified and trained, a detailed review of the monitoring data, will be carried out.

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7.03 On the basis of this review, adjustments of program strategy, the feasibility of planned expansion and selection of the HFWTCs and districts for the second stage of implementation will be made. It is currently planned that at this point an additional four HFWTCs, serving twelve additional districts, will be selected in each state. Detailed monitoring and implementation data will also be collected in these districts. At the end of the first phase of implementation an evaluation will be made of progress and based on the results of this evaluation, decisions concerning further expansion will be made.

B. Demographic Analysis, OPG to PSI, and Buy-ins:

7.04 These project components will be monitored and evaluated by reviewing activity reports received from implementing organizations and by meetings with project staff on an ongoing basis.

C. Overall Project Evaluation:

7.05 An amount of $160,000 in Foreign Exchange has been budgeted for the cost of evaluating the overall project. It is anticipated that the project will be evaluated as a whole at twice during its life. Once as a Mid-Term Evaluation and once again as a Final Project Evaluation. These evaluations will be carried out by appropriate consultants directly contracted for the purpose by USAID/I. Appropriate GOI officials will be invited to participate in both the development of the Scopes of Work for these evaluations and in the process itself.

Annex 1	IEC Training Plan
Annex 2	Demographic Analysis Implementation Plan
Annex 3	Letter of request for IUDs
Annex 4	Summary Workplans, and Illustrative Budgets for Buy-ins
Annex 5	Project Component Budgets
Annex 6	Log Frame

USAID-ASSISTED IEC TRAINING SCHEME: WORK PLAN

S.No.	Activity	Date of Completion	Remarks
1.	Key trainers identified in all 4 Central Training Institutes	Jan.88	Completed
2.	In each state (4) HFWTC and 3 initial Districts selected, i.e. total 4 HFWTCs, 12 Districts	Jan.88	Completed
3.	Existing relevant training materials surveyed and assessed, and gaps identified: first sort	Feb.88	Completed
4.	District Training-cum-Supervisory Teams: Selection completed in all 12 districts	April-May1988	
5.	Monitoring criteria and procedures worked out and communicated to concerned agencies	May 88	
6.	Initial training of District-cum-Supervisory teams: all 12 districts	June88	
8.	Initial training of PHC level Supervisors and visit schedules operational in all 12 districts	Sept.88	
7.	Initial training materials(Additional, see 3 above) developed and ready for production	June 88	
9.	Program operations(scheduled visits, supervision, staff and training sessions to be conducted on regular basis.	Sept.88	
10.	First quarterly monitoring of program implementation (necessarily partial) analysed for early adjustments of program strategy and implementation starts and for selecting HFWTCs and Districts for Phase 2	Oct.88	
11.	Next 6 Districts selected in each state i.e. 24 Districts total	Oct.88	

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12.	Appraisal of First phase and strategy etc. decisions for Second Phase	Feb.89
13.	Second Phase	April 88 89

Note:- The dates of completion of various activities may slightly change and vary from State to State on account of unforseen field problems/conditions.

Demographic Analysis Implementation Plan

I. U.S. Bureau of the Census

1988	- 2 7-month training programs in Computer Data Systems in the U.S.
	- 2 visits in support of computer procurement and to coordinate overall program
	- 1 Workshop - subject to be determined
	- 3 Work-study visits to the U.S.
	- 1 technical assistance visit in evaluation and possible procurement of (OMR) Optical Mark Reader
1989	- 3 Work-study visits to the U.S.
	- 2 7-month training programs in Computer Data Systems in the U.S.
	- 1 4-month training programs in Computer Data Systems in the U.S.
	- 2 visits to support procurement and installation of computer equipment
	- 3 technical assistance visits on subjects to be determined by the RGI
	- 1 technical assistance visit to install CONCOR and CENTS IV software programs
	- 1 Workshop - subject to be determined
1990	- 4 technical assistance visits in data processing and statistical topics to be determined

* This schedule is illustrative only; exact schedule to be determined in consultation with the R.G. staff.

Dates/Month	Fellows to PI	Training Programs	Overseas Technical Consultation	Other
May 1986				
June 1986	Rama Rao arrives 6/18/86 for 3.25 months Fertility	2 persons for 17th Summer Seminar (6/1 - 7/4/86)		
July 1986				RDR visits Delhi 7/5 - 7/12/86
August 1986				India grant for $99,000 signed 8/13/86
September 1986	Rama Rao departs 9/25/86 O.P. Sharma arrives 9/12/86 for 3 months Education & literacy			
October 1986				EWPI reviews initial own-children tabulations
November 1986	O.P. Sharma departs 11/30			
December 1986	Mr. Unni arrives 12/6/86 for 3 months Fertility estimates			1/15/87 - First Indian grant expires
January 1987	Migration/Urbanization K.P. Ittamun arrives 1/20/87 for 3 months		R. Gardner in Delhi 12/28/86-1/22/87 Projections workshop	Susan Palmore in Delhi for consultation on project 1/31/87 - 2/8/87

Dates/Month	Fellows to PI	Training Programs	Overseas Technical Consultation	Other
February 1987	Mr. Unni departs 3/5/87	Mr. Verma and Mr. Natarajan attend Eleventh Census Conference 2/9 - 13/87 Mr. S.S. Bawa, Mr. J.K. Patel, and Mr. C.H. Rao for workshop on demographic analysis and projections 2/15 - 3/21/87		
March 1987	K.P. Ittaman departs 3/31/87			
April 1987	2 fellows on computer tabulations arrive 4/1/87 for 2 months			
May 1987	2 fellows on computer tabulations depart 5/31/87			
June 1987	1 fellow on projection analysis arrive 6/1 - 7/30/87 for two months 2 persons on projection analysis 6/1/87 - 7/31/87	2 persons for 18th Summer Seminar 6/1 - 7/3/87		
July 1987	1 fellow on analysis of workforce arrive 7/1/87 for three months 2 fellows on projection analysis depart 7/31/87			
August 1987				

Dates/Month	Fellows to PI	Training Programs	Overseas Technical Consultation	Other
September 1987	1 fellow on analysis of workforce departs 9/30/87		R. Retherford in Delhi on fertility estimation/own-children 9/5/87 - 10/4/87	
October 1987		3 persons for working group on incomplete data methods 10/1/87 - 11/8/87		
November 1987				
December 1987				
January 1988				
February 1988			2 EWPI researchers for 2 weeks in Delhi for workshop on SKS, etc. 2/10/88 - 2/25/88	
March 1988				
April 1988				

Dates/Month	Fellows to PI	Training Programs	Overseas Technical Consultation	Other
May 1988				
June 1988	1 fellow on migration and urbanization arrives 6/1/88 for 3 months	2 persons for 19th Summer Seminar 6/1/88 - 7/3/88		
July 1988	1 fellow on analysis of workforce arrives 7/1/88 for 3 months			
August 1988	Fellow on migration and urbanization departs 8/31/88			
September 1988	Fellow on analysis of workforce departs 9/30/88		1 person to Delhi on migration and urbanization analysis 9/1/88 - 9/30/88	
October 1985				
November 1988		3 persons for workshop on migration & urbanization 5 weeks 11/1/88 - 12/08/88		
December 1988				

Dates/Month	Fellows to PI	Training Programs	Overseas Institutional Consultation	Other
January 1989				
February 1989		South Asia Conference on Population Trends and Family Planning (1 week)		
March 1989				
April 1989		2 persons for Twelfth Census Conference (1 week)		
May 1989				
June 1989		2 persons for 20th Summer Seminar 6/1/89 - 7/3/89		
July 1989				

AID:36

K. A. KRISHNA MOORTHY
UNDER SECRETARY (AC)
TELE: No: 301 2423

भारत सरकार Government of India
वित्त मंत्रालय Ministry of Finance
आर्थिक कार्य विभाग Department of Economic Affairs

D.O. No. 2(34)-AID/86

नई दिल्ली/New Delhi, December 19, 1986

Dear Mr. Thompson,

This has reference to our discussion of 10th December, regarding the MCHFW proposal for procurement of 2 million Cu Ts from FPIA Bankok. As I mentioned, in the past Cu Ts 200 had been procured by the Department of Family Welfare under the IRHP project. I shall be grateful if you could let us know whether it would be possible for US AID to arrange the procurement of 2 million Cu Ts costing approximately Rs. 2 crores out of the savings under this project or any other health sector project. As you are aware, the IRHP Project is terminating on 31.12.1986 and it would, therefore, be very helpful if your approval for this programme could be conveyed immediately.

With regards,

Yours sincerely,

(K. A. KRISHNA MOORTHY)

12/22/86
ACTION

POP

INFO:

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FD

RF

Mr. Stephen D. Thompson,
Chief,
Office of the Project Development,
US AID, American Embassy,
New Delhi.

22 DEC 1986

CHRON

संयुक्त सचिव
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत
नई दिल्ली-110011

JOINT SECRETARY
MINISTRY OF HEALTH & FAMILY WELFARE
INDIA
NEW DELHI-110011

Dr. M.A. Dwaisy
Deputy Commissioner(TO)

D.O.No.N.14013/6/88-TO

Dated, the, 18th March, 1988.

Dear Ms. Suzan Old,

Thank you very much for making available Cu Ts. worth US $ 4 million during the financial year 1988. We shall be extremely grateful if you kindly use your good offices in a manner that the Cu Ts worth $ 2 million are received by us from May to July 1988 and the balance between September and October of this year. It is further to request you that we would very much appreciate if the grant of $ 1.510 million for contingency and $ 2.649 million for marketing and importing i.e. total worth $ 4.159 million is also utilized for importing Cu T-380 during financial year 1988 itself. We would also welcome any additional Cu Ts that may be available to us out of any fall out funds that could be available during this year.

Regarding the financial year 1989 and 1990 kindly take necessary action so that we may get Cu Ts. worth US $ 5 million each year.

With kind regards,

Yours sincerely,

(Dr. M.A. Dwaisy)

Ms. Suzan Old,
C/o USAID,
Ashoka Hotel,
New Delhi.

Annex 4

Summary, Activities, and Illustrative Budgets for Unilateral buy-ins

1. Population Council
2. Management Sciences for Health
3. John Snow Inc.
4. CEDPA
5. Family Health International (FHI)
6. Johns Hopkins University (JHU)

Summary

The unilateral buy-ins to centrally-funded projects support a collection of activities designed to increase understanding of demographic and health-service delivery issues and to provide management and technical assistance in these areas. The Population Council Grant provides support for research relating to program and non-program factors related to observed variations among districts in contraceptive use and fertility. A grant has been made to Management Sciences for Health to review and prepare a report on MIS (Management Information Systems) experiments conducted in India over the past decade and to provide a rationale for consideration of the various systems. The grant to John Snow Inc provides funding for family welfare demonstration projects through intermediary agencies in the organized sector and for action research relating to the most efficient and effective way to delivery these services. CEDPA has been provided funding to support management training for women working in family welfare programs. FHI (Family Health International) received a grant to support collaboration with Indian organizations aimed at development and implementation of multi-tiered program to identify barriers to spacing methods of family planning (particularly the oral pill) and to promote communications activities designed to promote use of spacing methods. Johns Hopkins University (JHU) has received a grant to provide support to the IEC project for development of curricula, faculty improvement, development of work plans and training, scheduled by providing funding for local consultants expert in these areas.

STRATEGY FOR IMPLEMENTING A PROJECT ON CONTRACEPTIVE-FERTILITY RELATIONSHIPS IN INDIA

The objective of this project is to better understand the role of the program and non-program factors in explaining the observed variations among districts in contraceptive use and fertility and to identify factors responsible for the achievement of a prevalence of 60 percent - the goal set by the Government for year 2000.

This project is an outgrowth of the consultancy undertaken by Drs. Brown, Gill and Jain for USAID/Delhi in March/ April 1987 to review population activities in India. This review showed that the demographic goals set by the GOI includes the achievement of a birth rate of 21 per 1,000 population and infant mortality rate of 60 per 1,000 births by the year 2000. In terms of contraceptive use, the goal of achieving a birth rate of 21 has been translated into a couple protection rate of 60 percent. In 1983/84, 5 districts had already achieved this goal and another 25 districts were close to achieving it; and the couple protection rate among 370 districts varied sixteen-fold from 4 percent to 63 percent. In spite of a substantial increase in contraceptive use at the national level, fertility has not declined. This project is designed to focus on these related issues.

Dr. Anrudh Jain from the Population Council will have primary responsibility for establishing effective collaboration with Indian institutions and for providing intellectual leadership in the implementation of the project. Collaborating

institutions from India will include the Gujarat Institute of Area Planning and the Operations Research Group for work to be done in Gujarat State. One other state and potential collaborating institutions will be identified during the first quarter of 1988.

The project components include pre-project activities required to identify collaborating institutions, development of a reasearch project to be implemented by Indian institutions, an award to an Indian institute, implementation of the project, and dissemination of results. Technical assistance will be provided by the Population Council.

Initially the work will focus in one or two states, which would serve as prototype for similar work in other states.

Two types of studies will be undertaken in collaboration with Indian institutions. The first study will analyze the district-level data available from various sources to quantify the relative contributions of non-program and program factors in explaining the differentials among districts in contraceptive prevalence. The non-program factors will include ind~~exes~~ices of literacy/education, urbanization, density, electrification, agricultural production, labor force participation, and mortality. The program factors will include ind~~exes~~ices of availability of family planning service centers and staff density. These data will be compiled from published sources.

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The second study will consist of primary data collection from 3 to 4 districts in order to first validate the estimates of contraceptive prevalence at the district level. These district level studies will then be used to estimate the impact of contraceptive prevalence on fertility to ascertain whether or not a prevalence of 60 percent is consistent with a birth rate of 21; and then to identify program and non-program factors responsible for high contraceptive prevalence. Both the qualitative and quantitative techniques of data collection will be utilized.

The results of these studies will be disseminated through workshops, seminars and publications. The output will include the documentation of successful experiences within India and possibility of replicating these successes in other districts. A district in India on an average consist of about 2 million people and is an administrative unit within the State and Federal structure. Chances of transferring successful elements from one district to another within a state are better than transferring successful elements from one state to another (e.g. from Kerala to U.P.) or from a small block to a larger unit.

SV

Collaborating Institutions

The Gujarat Institute of Area Planning, Ahmedabad

The Operations Research Group, Baroda

Period

Two years

Budget (Illustrative)

1.	Sub-contract to Indian Institutes	$ 350,000
2.	Population Council Cost of technical collaboration (personnel, travel)	90,000
3.	Supporting services	110,000
	Total	$ 550,000

SCOPE OF WORK

Objective of the work is to prepare a status report on MIS experiments conducted in India over a decade by various organizations to gain from experiences and to provide rationale for consolidation of various systems.

Scope of work includes: (a) collection and analysis of registers and reports at various levels to get an idea of variations in information requirements which could be used for design of new system; (b) analysis of flow of information upwards and downwards; (c) examination of extent of use of information collected at various levels for purposes of decision making; (d) suggestions for introduction of new MIS and advantages of such an effort; and (e) examination of feasibility of introducing micro computer based MIS at district level.

More than ten states on a limited scale designed their own MIS and introduced the system in selected or all districts. The study would cover at least four states to be selected in consultation with the MOHFW. In addition special experimental efforts in selected PVOs, medical colleges and other institutions would be included to have a comparative look.

With two MSH experts and two Indian counterparts, the review of present MIS status could be accomplished in three months time. A total of twelve person-months is therefore required to complete the work.

Note: This SOW has been discussed with the DTC, Anne Agnew and MSH.

Illustrative Budget

Consultants - Intl. and National

15 days at $ 25,000		$ 5,000
15 days at $ 15,000		22,500
Travel and Per Diem		5,000
Field Support		5,000
MSH Support and Overhead		80,000
	Sub-Total	217,500
Follow-up activities (if any MIS project results)		82,500
	Grand total	300,000

Best Available Document

The objective of this buy-in is to support the provision of quality family welfare services through the organized sector.

The activities to be conducted include, but are not limited to:

1. Funding of family welfare demonstration projects through Indian intermediary agencies in the organized sector to ensure organized outreach and follow-up services to the concerned organized sector employers, families and community.

2. Action oriented research that relates to the most effective way to deliver these services.

3. Coordination of the activities of other AID grantees, contractors who will be providing IEC materials on spacing methods, i.e. FHI to ensure that proper educational materials for providers and users are prepared and distributed as necessary.

4. Provision of TA, as needed, to funded projects in the organized sector and to funded intermediary agencies.

<u>Illustrative Budget</u>

Intermediary agencies for projects & research	320,000
TA	100,000
Administration	80,000
Dols	500,000

4. CEDPA

4.

Under a buy-in to Cooperative Agreement No. DPE-3037-A-00-5020-00, CEDPA proposes to provide management training, project development technical assistance and project funding to Indian women managers from the NGO, semi- autonomous and industrial sectors. The beneficiaries of this strategy will be young Indian women who wish to space their children. The project will focus on states where USAID has been involved in health and family planning programs. During the three years remaining in the original cooperative agreement, CEDPA proposes to:

- o Identify and sponsor 12 women from the USAID Mission targeted States to attend CEDPA's 5-week Women in Management or Supervision and Evaluation Courses in Washington.

- o To work intensively with the Indian participants in Washington to develop project concepts appropriate for funding under CEDPA's Population and Better Life Projects. The best of which can then be finalized through a field visit.

- o In the first 6 months of the buy-in period, to escalate project development with existing alumnae in the private sector in UP by on-site development assistance to one small grants project in Lucknow.

o To fund 2 to 4 family planning projects developed by the Indian alumnae over the life of the cooperative agreement.

The results of this escalated strategy in India will be:

o More trained women managers to enhance the capability of Indian institutions to provide family planning, health and development services.

o Extended and expanded family planning programs which focus on birth spacing and temporary methods of contraception for younger women.

o Alternative options to early marriage and high fertility through women managed integrated social sector programs.

o Approaches developed to encourage industries which employ women to provide reproductive health services in order to increase women workers' productivity.

o Strengthened management of womens groups and private sector programs to enhance their ability to coordinate and extend GOI development initiatives.

BUDGET

I. Training		$ 101,400
II. Sub-Projects		$ 98,600
	Grand Total	$ 200,000

The objective of the buy-in is to support the promotion of family planning spacing methods, particularly the oral pill, in India primarily through the NGO sector or professional medical societies and institutions. They will work in close collaboration with JSI in providing IEC materials on spacing methods for its project in the organized sector.

Family Health International in collaboration with Indian organizations will develop and implement a multi-tiered program to identify barriers to spacing methods of family planning, particularly oral contraceptive use which will be complemented by communications activities designed to promote use and improved knowledge of the pill and other spacing methods among the provider community including physicians, pharmacists and traditional health practitioners.

Following are examples of the types of activities that may be carried out.

A. Contraceptive Information Program

A World Pill Perceptions Survey, conducted in nine countries by FHI, revealed that the risks and benefits of the pill are widely misunderstood around the world. It is important that the knowledge of health care providers regarding family planning methods be accurate and comprehensive. This program will improve accuracy and availability of general and specific information for physicians, pharmacists, information officers at family planning clinics, and traditional health practitioners and will promote widespread acceptance of spacing methods, particularly the oral coantraceptives among service providers in India. Specifically, FHI will design, evaluate and produce informational packets on oral contraceptives and other spacing method for health care providers at

various levels of technical complexity throughout India. They will work in collaboration with PIACT, an organization with broad experience on informational development and testing, as well as with local Indian investigators when developing these materials. Given the priorities of the current USAID program in India, much of this effort will be devoted to and operated through the NGO sector.

B. Contraceptive Compliance Research

One of the critical factors determining the effectiveness of oral contraceptives is user compliance. In addition, poor compliance can result in other side effects such as break-through bleeding which leads to discontinuation. Research will be conducted to identify the determinants and consequences of poor compliance with pill-taking regimen on side-effects, discontinuation, pregnancy and dissatisfaction; and to determine if programs using education can increase appropriate use and continuation of use among current pill users. This study as proposed fits into the ongoing multicountry strategy of FHI to study pill compliance. Moreover, in light of the increasing promotion of oral contraceptive use in the Indian family planning program, this informtion should prove extremely valuable to program managers. Most of this research will be done through the NGO sector.

C. Provider Studies:

1. Provider's Attitude Survey: It is clear that the attitudes of providers influence contraceptive acceptance among users. FHI has conducted a multicountry provider's survey and determined that a large proportion of physicians in the nine countries surveyed had misconceptions of the safety of oral contraceptives. This survey will identify the training and information needs of family planning service providers on fertility regulation, and identify strengths and weaknesses in delivery of oral contraceptives in service programs.

contraceptives in India will very likely include distribution through social marketing programs. This study will aim at determine user knowledge of correct oral contraceptive use among women and to identify characteristics of purchasers who obtain the pill from pharmacies. Study results will be used to evalute how well package inserts are understood, determine if advertising campaigns should be focused on the woman or the couple, and determine if the social marketing program in India is reaching women who would otherwise not be contracepting.

3. Surveys of Traditional Practitioners: Traditional practitioners can play an important role in providing family planning services in India. Becaue their contact with the public is much more extensive than that of physicians and nurses, they can substantially influence the success of family planning efforts at the community level. The surveys planned here will seek to identify training and information needs of traditional practitioners in India with regard to fertility regulation, and identify possible ways to include these traditional practitioners in delivery systems providing oral contraceptives.

Illustrative Budget

Contraceptive Information Program	Dols 250,000
Contraceptive Compliance Research	Dols 50,000
Provider Studies & Other Studies	Dols 100,000
Total	Dols 400,000

The objective of this buy-in is to provide 16-20 System Development Consultants to the IEC Project. This is a four year project designed to phase into the Eighth Five Year Plan beginning 1989-90. (See attached for a brief Project Description). The success of this project depends on the success of the 4 Health and Family Welfare Training Centres and 4 Central Training Institutes in implementing their activities in the project. In order for the institute to carry out their activities, it is planned to attach one or two consultants to work with each HFWTC, CTI and state to carry out the following activities:

1. Upgrade faculty development
2. Develop curriculum and materials
3. Improve management capability and internal organization
4. Plan and operate mobile training and supervisory teams
5. Network local resources

The consultants will also work with the State Governments and District Officers, as well as with HFWTCs and CTIs, on spreading the work most effectively to the additional Districts, HFWTCs and States.

POPULATION COMMUNICATION SERVICES
Administrative/Consultants Budget
10/01/86-9/30/88

Administrative/Consultants Budget $300,000

Items	% time	Year 1 11/01/86-08/31/87	Year 2 09/01/87-08/31/88	Year 3 09/01/88-11/01/88	Total Budget
Salaries & Wages					
Onsite staff					
FAM	20%	9,600	10,368	1,866	21,834
PA/BA	10%	2,800	3,024	544	6,368
Secretary	5%	700	756	136	1,592
Subtotal Onsite Salaries	30%	13,100	14,148	2,547	29,795
Fringe Benefits @ 24%		3,144	3,537	637	7,318
International Travel					
3 RT India-Baltimore/yr (PCS Staff)		7,500	7,500	0	15,000
Allowances					
Subsistence					
14 days/trip/yr @ $75		3,150	3,150	0	6,300
Total International Travel		10,650	10,650	0	21,300
Consultants					
U S A Consultants					
2 RT India					
14 Days @ $200/day		2,500	2,500	0	5,000
14 Days @ $235/Day		0	2,800	0	2,800
Allowances		3,290	0	0	3,290
14 days x 2 Con. @ $75/day		1,050	1,050	0	2,100
Local Consultants					
In-Country travel					
600 Days @ $42/day		3,100	4,100	0	7,200
Fees		12,600	12,600	0	25,200
340 days @ $125/d		21,250	21,250	0	42,500
260 days @ $170/d		22,100	22,100	0	44,200
Subtotal Consultants		65,890	66,400	0	132,290

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POPULATION COMMUNICATION SERVICES
Administrative/Consultants Budget
10/01/86-9/30/88

Administrative/Consultants Budget: $300,000

Item	% time	Year 1 11/01/86-08/31/87	Year 2 09/01/87-08/31/88	Year 3 09/01/88-11/01/88	Total Budget
*Subcontracts		16,047	15,894	0	31,941
Other Direct Costs					
Special Projects		1,614	1,613	0	3,227
Supplies & IEC Materials		1,203	1,672	0	2,875
Manpower Services - Bookkeeper		1,800	1,800	0	3,600
- Secretary		1,500	1,500	375	3,375
Subtotal ODC		6,117	6,585	375	13,077
Total Direct Costs		114,948	117,214	3,558	235,720
Indirect Cost @ 30 & 33%		29,670	33,436	1,174	64,280
Total Costs		144,618	150,650	4,733	300,000

* Exempt Indirect Cost

Annex 5: Project Component Budgets

A. IEC

B. Demographic Analysis

(Rs.in lakhs)

S. No.	Cost Category	1987-88	1988-89	Remaining period	Total
•	Training Programmes/workshops & training materials	18.07	9.06	49.00	76.13
•	Salaries and allowances	2.40	6.00	10.33	18.73
•	Travel Cost	2.60	2.34	12.84	17.78
•	Office Contingencies	2.73	2.45	3.75	8.93
•	Stipend for trainees at PHC and Sector level Trg.	8.00	16.00	214.80	238.80
•	AV Training Equipment	2.42	0.00	0.38	2.80
•	Video Equipment	0.00	9.38	0.00	9.38
•	Mobility for Health workers	72.00	61.80	241.50	374.50
•	Office Equipment	18.20	5.75	4.00	27.95
•	Evaluation	0.00	0.00	5.00	5.00
	TOTAL	126.42	112.98	541.60	780.00

	Projected Budget $600,010			
	FY 1987	FY 1988	FY 1989	TOTAL
BWPI Visits, SRS Workshop, South Asia Conference (Overseas Technical Consultation and Conference and Training Activities in India)	$ 15,342	$ 45,979	$ 79,548	$140,869
B. Summer Seminars, Census Conference, and Working Groups (Conference and Training Activities at the East-West Center, Honolulu)	29,723	34,953	40,391	105,067
C. BWPI Collaborative Research	93,506	60,870	23,029	177,405
D. BWPI In-house Costs	9,884	14,924	15,824	40,632
TOTAL PROJECTED DIRECT COSTS	$148,455	$156,726	$158,792	$463,973
TOTAL INDIRECT COSTS	43,527	45,952	46,558	136,037
TOTAL TENTATIVE BUDGET FOR INDIA AGREEMENT	$191,982	$202,678	$205,350	$600,010

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Annex 5

BUCEN Training and Technical Assistance	Original	Increase thru Amendment	Total
1. Long Term Training in U.S.	$299,278	$ 99,562	$398,840
2. Study Tours	$ 16,283	$ 71,331	$ 87,614
3. Workshops in India	$ 90,000	$ 87,000	$177,000
4. Modification of software	$ 50,000	$ -0-	$ 50,000
5. Technical assistance in Census Planning, preparation and operations, and project coordination and Management	$ 70,000	$130,845	$200,845
6. Procurement support for micro-computers and mainframe computer and related equipment	$ 30,000	$141,701	$171,701
Total	$555,561	$530,439	$1,086,000

Annex 6

Project Design Summary

Logical Framework

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assumptions
GOAL: Reduce fertility of young married couples and rate of population growth, thereby increasing health and well-being of population in general and mothers and children in particular	Reduction in the net reproduction rate to 1 by 2010; an effective contraceptive prevalence rate of 42 by 1990, a CBR of 29.1 per thousand by 1990, a CDR of 10.4 by 1990 and and IMR of 90 by 1990	Decennial Census, sample Registration System, CPSs and smaller specialized surveys	an increasing proportion of Indian couples will desire to space their births and will use contraception
PURPOSE: Increase in availability and use of safe, inexpensive temporary methods of fertility regulation	Prevalence of temporary methods increased	Distributor information, MOHFW statistics, CPSs	Increased availability of contraceptives and increased knowledge of contraceptive methods resulting from IEC and promotional activities will lead to increased demand
OUTPUTS: **IEC Project:** Improved field worker performance, community participation with FP program, through link workers, and family planning related IEC in selected districts; general strategy for improvement of service delivery and field-worker performance in additional districts and states	Key trainers identified in four central training institutes, selection and training of District Training cum supervisory team in 68 districts, comprising 600 members, 800 block extension educators, and all health supervisors and MPWs in project districts	Field visits, MOHFW quarterly monitoring reports	GOI Project Coordination Committee at the centre, with the secretary as its chairman plays an active role and makes important policy decisions
Demo. Analysis: Improved capability to analyze demographic data and family data, including social and economic factors related to contraceptive use, fertility and	Publications from RG's office and U.S. institutions relating to Indian demography individuals trained in statistics, demography; 120 demographers trained	Reports from RG/Census Commission and Population	Staff available for collaborative activities, mutually beneficial planning relations between U.S. and Indian institutes continue

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Assumptions
IUD Procurement: Sufficient supply of IUDs to meet rising demand	Receipt of 4 million IUDs by state distributors and MOHFW	MOHFW reports	Issue of CuT 200s versus CuT 380s is resolved
ORG with PSI: increased availability and use of NIRODH Condoms	In four northern states and two eastern states where prevalence is extremely low-increase levels of expenditure, and types of promotion for Nirodh Condoms increase reach of distribution system	field visits, PSI quarterly reports; baseline and other surveys	- media campaigns will be sufficient to increased awareness of availability and demand for Nirodh - incentives for salesmen will be sufficient to increase availability of suppliers in all targetted rural areas
Centrally-funded buy-ins: Program relevant research, training, and management assistance		research reports published, trainees completing programs, assistance provided	implementing organization reports
INPUTS:			
IEC: training for MOHFW worker	Workers identified in output section above participate in training, utilize new extension strategy	USAID and GOI financial records	U.S. and GOI funding levels approved and expenditures proceed on a timely fashion
Demo: support for Demographic Training and Computer Procurement	Computer procured and installed; Training and collaboration takes place		
IUDs: Procurement and delivery	IUDs delivered		
Centrally-funded buy-ins: centrally-funded support to implementing organizations			