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A.I.D. Project No. 493-0283-~~9004~~

PROJECT  
GRANT AGREEMENT  
between the  
KINGDOM OF THAILAND  
and the  
UNITED STATES OF AMERICA  
for  
POPULATION PLANNING

Dated: June 30, 1980

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PROJECT GRANT AGREEMENT

Dated JUN 30 1980

Between the Kingdom of Thailand (Grantee), acting through the Department of Technical and Economic Cooperation (DTEC), and the United States of America, acting through the United States Agency for International Development/Thailand of the Agency for International Development ("A.I.D.").

Article 1: The Agreement

The purpose of this Agreement is to set out the understandings of the parties named above ("Parties") with respect to the undertaking by the Grantee of the Project described herein, and with respect to the financing of the Project by the Parties.

Article 2: The Project

SECTION 2.1. Definition of Project. The Project, which is further described in Annex 1, continues the participation of the signatory parties in certain family planning activities which include (1) Voluntary Surgical Contraceptive (VSC) Services, (2) Commodities, (3) Training, (4) Operational Research and Evaluation and (5) Intensified Information, Education and Communication in lagging provinces. Annex 1, attached, amplifies the definition of the Project contained in this Section 2.1. Within the limits of the definition of the Project in this Section 2.1, elements of the amplified description stated in Annex 1 may be changed by written agreement of the authorized representatives of the Parties named in Section 8.2, without formal amendment of this Agreement.

SECTION 2.2: Incremental Nature of Project. (a) It

is anticipated that A.I.D.'s contribution to the Project will be provided in increments, the initial one being made available in accordance with Section 3.1 of this Agreement. Subsequent increments will be subject to availability of funds to A.I.D. for this purpose, and to the mutual agreement of the Parties, at the time of a subsequent increment, to proceed.

(b) Within the overall Project Assistance Completion Date stated in Section 3.3 of this Agreement, A.I.D., based upon consultation with the Grantee, may specify in Project Implementation Letters appropriate time periods for the utilization of funds granted by A.I.D. under an individual increment of assistance.

### Article 3: Financing

SECTION 3.1. The Grant. To assist the Grantee to meet the costs of carrying out the Project, A.I.D., pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant the Grantee under the terms of this Agreement not to exceed Two Million Two Hundred Eighty Thousand United States ("U.S.") Dollars (\$2,280,000) ("Grant").

The Grant may be used to finance Foreign Exchange Costs, as defined in Section 6.1, and Local currency Costs, as defined in Section 6.2, of goods and services required for the Project.

SECTION 3.2. Grantee Resources for the Project

(a) The Grantee agrees to provide or cause to be provided for the Project all funds, in addition to the Grant, and all other resources required to carry out the Project effectively and in a timely manner.

(b) The resources provided by Grantee for the Project will not be less than the equivalent of Five Million, Seven Hundred Twenty Two Thousand, Four Hundred Ninety Five United States ("U.S.") Dollars (\$5,722,495) including costs borne on an "in-kind" basis.

SECTION 3.3. Project Assistance Completion Date.

(a) The "Project Assistance Completion Date" (PACD), which is June 30, 1982, or such other date as the Parties may agree to in writing, is the date by which the Parties estimate that all services financed under the Grant will have been performed and all goods financed under the Grant will have been furnished for the Project as contemplated in this Agreement.

(b) Except as A.I.D. may otherwise agree in writing, A.I.D. will not issue or approve documentation which would authorize disbursement of the Grant for services performed subsequent to the PACD or for goods furnished for the Project, as contemplated in this Agreement, subsequent to the PACD.

(c) Requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters, are to be received by A.I.D. or any bank described in Section 7.1 no later than nine (9) months following the PACD, or such other period as A.I.D. agrees to in writing. After such period, A.I.D., giving notice in writing to the Grantee, may at any time, or times, reduce the amount of the Grant by all or any part thereof for which requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters, were not received before the expiration of said period.

Article 4: Conditions Precedent to Disbursement

SECTION 4.1. First Disbursement. Prior to the first disbursement under the Grant, or to the issuance by A.I.D. of documentation pursuant to which disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.

A statement of the names of the persons designated as additional representatives pursuant to Section 8.2, and a specimen signature of each person specified in such statement.

SECTION 4.2. Notification. When A.I.D. has determined that the condition precedent specified in Section 4.1 has been met, it will promptly notify the Grantee.

SECTION 4.3. Terminal Dates for Conditions Precedent.

If all of the conditions specified in Section 4.1 have not been met within 60 days from the date of this Agreement, or such later date as A.I.D. may agree to in writing, A.I.D., at its option, may terminate this Agreement by written notice to Grantee.

Article 5: Special Covenants

SECTION 5.1. Project Evaluation. The Parties agree to continue with the bi-annual evaluation program as an integral part of the Project. Except as the Parties otherwise agree in writing, the program will include, during the implementation of the Project on a bi-annual basis: (a) evaluation of progress toward attainment of the objectives of the Project; (b) identification and evaluation of problem areas or constraints which may inhibit such attainment; (c) assessment of how such information may be used to help overcome such problems, in this or other projects; and (d) evaluation, to the degree feasible, of the overall development impact of the Project.

SECTION 5.2. Abortion-Related Activities. None of the funds made available under this Agreement shall be used for

any of the following family planning activities.

(a) Procurement or distribution of equipment provided for the purpose of inducing abortion as a method of family planning.

(b) Information, education, training or communication programs that seek to promote abortion as a method of family planning.

(c) Payments to women to have abortions as a method of family planning.

(d) Payments to persons to perform abortions or to solicit persons to undergo abortions.

SECTION 5.3. Voluntary Participation. The RTG shall take appropriate steps to ensure that:

(a) None of the funds made available hereunder are used to motivate or coerce any individual to practise methods of family planning which are inconsistent with such individual's moral, philosophical, or religious beliefs; and

(b) The Project is conducted in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

Article 6: Procurement Source

SECTION 6.1. Foreign Exchange Costs. Disbursements pursuant to Section 7.1 will be used exclusively to finance the costs of goods and services required for the Project having their source and origin in the United States (Code 000 of the A.I.D. Geographic Code Book as in effect at the time orders are placed or contracts entered into for such goods or services) ("Foreign Exchange Costs"), except as A.I.D. may otherwise agree in writing, and except as provided in the Project Grant Standard Provisions Annex, Section C.1(b) with respect to marine insurance.

SECTION 6.2. Local Currency Costs. Disbursements pursuant to Section 7.2 will be used exclusively to finance the costs of goods and services required for the Project having their source and, except as A.I.D. may otherwise agree in writing, their origin in Thailand. ("Local Currency Costs").

Article 7: Disbursement

SECTION 7.1. Disbursement for Foreign Exchange Costs.

(a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for the Foreign Exchange Costs of goods or services required for the Project in accordance with the terms of this Agreement, by such of the following methods as may be mutually agreed upon:

(1) by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, (a) requests for reimbursement for such goods or services, or, (b) requests for A.I.D. to procure commodities or services on Grantee's behalf for the Project;

(2) by requesting A.I.D. to issue Letters of Commitment for specified amounts directly to one or more contractors or suppliers committing A.I.D. to pay such contractors or suppliers for such goods or services; or

(3) by such other means as may be mutually agreed to in writing.

SECTION 7.2. Disbursement for Local Currency Costs.

(a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for Local Currency Costs required for the Project in accordance with the terms of this Agreement, by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, requests to finance such costs.

(b) The local currency needed for such disbursements may be obtained by acquisition by A.I.D. with U.S. dollars by purchase. The U.S. dollar equivalent of the local currency made available hereunder will be the amount of U.S. dollars required by A.I.D. to obtain the local currency.

SECTION 7.3. Other Forms of Disbursement. Disbursements of the Grant may also be made through such other means as the Parties may agree to in writing.

SECTION 7.4. Rate of Exchange. If funds provided under the Grant are introduced into Thailand by A.I.D. or any public or private agency for purposes of carrying out obligations of A.I.D. hereunder, the Grantee will make such arrangements as may be necessary so that such funds may be converted into currency of Thailand at the highest rate of exchange which, at the time the conversion is made, is not unlawful in Thailand.

Article 8: Miscellaneous

SECTION 8.1. Communications. Any notice, request, document or other communication submitted by either Party to the other under this Agreement will be in writing or by telegram or cable, and will be deemed duly given or sent when delivered to such Party at the following addresses:

To the Grantee:

Director-General  
Department of Technical and Economic Cooperation  
Krung Kasem Road  
Bangkok, Thailand

To A.I.D.:

Director  
United States Agency for International  
Development/Thailand  
2948 Soi Somprasong 3  
Bangkok, Thailand

All such communications will be in English, unless the Parties otherwise agree in writing. Other addresses may be substituted for the above upon the giving of notice.

SECTION 8.2. Representatives. For all purposes relevant to this Agreement, the Grantee will be represented by the individual holding or acting in the Office of Director-General, Department of Technical and Economic Cooperation, and A.I.D. will be represented by the individual holding, or acting, in the Office of the Director, United States Agency for International Development/Thailand, each of whom, by written notice, may designate additional representatives for all purposes other than exercising the power under Section 2.1 to revise elements of the amplified description in Annex 1. The names of the representatives of the Grantee, with specimen signatures, will be provided to A.I.D., which may accept as duly authorized any instrument signed by such representatives in implementation of this Agreement, until receipt of written notice of revocation of their authority.

SECTION 8.3. Standard Provision Annex. A "Project Grant Standard Provisions Annex" (Annex 2) is attached to and forms part of this Agreement.

IN WITNESS WHEREOF, the Kingdom of Thailand and the United States of America, each acting through its duly authorized representative, have caused this Agreement to be signed in their names and delivered as the day and year first above written.

KINGDOM OF THAILAND

By:

*Chitree Chaita*  
Director-General

Department of Technical and  
Economic Cooperation

UNITED STATES OF AMERICA

By:

*Robert S. Quinn*  
Acting Director

United States Agency  
for International Development/Thailand

Concurred in by:

*Vimol Notananda*  
Dr. Vimol Notananda  
Director-General  
Department of Health  
Ministry of Public Health

ANNEX I

POPULATION PLANNING PROJECT

Detailed Project Description

The RTG continues to give considerable priority to family planning and can boast of a program that is rated one of the best in the developing world. The program has been successful in making a definite impact in reducing the population growth rate from 3.2 in 1970 to 2.2 in 1980.

One of the major priorities of the Ministry of Public Health - National Family Planning Program (NFPP) in the Fourth Five Year Development Plan is to provide family planning services to the lower income remote rural population through extension of training of paramedical personnel, utilizing mobile units and emphasizing Voluntary Surgical Contraceptive (VSC) services, especially vasectomy.

The project activities described herein are consistent with the NFPP and RTG Fourth Five Year Plan Objectives. Past performance of these activities; those now underway and those scheduled through 1981 represent an important acceleration of RTG efforts to achieve nationwide coverage during the Fourth Plan period and demonstrates the RTG commitment to assure the attainment of the goal to reduce the population growth to 2.1 or lower by 1981.

I. EXPANDED VOLUNTARY SURGICAL CONTRACEPTIVE (VSC) PROGRAM

The Project will provide the following types of support; (1) Reimbursement to the service unit to cover costs of VSC procedures performed (support costs) and (2) Personnel supplemental support costs for VSC mobile service teams and VSC related information, education, and communication (IE&C) teams.

A. Current Situation

The VSC procedure continues to gain in popularity and is at present the second most popular method of contraception. Given the present momentum, it is likely to be the method chosen by an increasing number of continuing users.

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The VSC new acceptor rate has continued to increase, from 23,546 in 1971 to 174,032 in CY 79. Current and projected rates of acceptance indicate that there will be approximately 180,000 new acceptors in FY 80.

The success of Thailand's VSC program can be attributed to many factors. Of most importance is the Ministry of Public Health decision in 1972 to implement a nationwide VSC program by reimbursing the various MOPH facilities (e.g. provincial hospitals, MCH centers) for the cost of each procedure performed. This was followed by an MOPH policy that free VSC services would be given to all rural people desiring the service. (Reference: See Project Agreement No. 0283-6002, Revision #6 - Previous Activity).

In FY 1976, at the request of the RTG-MOPH, USAID/T entered into an agreement with the MOPH (see above reference - the Expanded Program) to increase the number of VSC procedures performed at rural health facilities and by mobile units and to promote acceptance of vasectomy.

Following an initial delay in implementing related to the procurement and delivery of equipment and vehicles, the VSC program has progressed very well. At present over 500 MOPH facilities, other government agency health facilities, university hospitals and private institutions offer VSC services. In addition, the MOPH supports approximately 90 mobile units which offer VSC procedures throughout the rural areas of Thailand.

Though the number of VSC acceptors continues to increase, the number of male acceptors of VSC in CY 1979 was lower than expected and less than that in 1978 (35,300 procedures vs. 44,541). The ratio of female VSC to male VSC in 1979 was about 4:1 vs. 2.8:1 in 1978.

#### B. Objectives

As a result of the above program inputs, clients will receive free VSC procedures at a large number of rural

fixed health facilities. The MOPH will increase its penetration of remote rural areas with a total of 94 mobile teams (75 supported by AID) which will travel to remote facilities to bring VSC services to the rural people. In addition, IE&C activities stressing education and promotion of VSC and other family planning methods will be strengthened through 94 USAID and RTG supported provincial and district IE&C teams possessing equipment and materials to be used to support the mobile service teams.

USAID/T assistance to the NFPP will continue to be focused away from the urban-based hospital system and towards the rural poor populations served by rural clinics and mobile units. The availability of free VSC procedures has proved to make these services more attractive to rural people who often have less disposable income than their urban counterparts. Client charges will continue to be made at provincial hospitals, provincial chief medical officer's clinics, and MCH centers, while the RTG institutional monetary support will be provided to all Government facilities performing VSC.

The resulting effect on the distribution of VSC procedures is estimated as follows:

NFPP VSC Target            120,000

96,000 - female

24,000 - male

Projected Distribution by Service Unit

1. Rural Health Centers and Mobile Units

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Target	16,800	38,400	55,200
Over Target	<u>9,100</u>	<u>20,800</u>	<u>29,900</u>
Total	<u>25,900</u>	<u>59,200</u>	<u>85,100</u>

2. Provincial and Urban Hospitals/MCH Centers

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Target	7,200	57,600	64,800
Over Target	<u>3,900</u>	<u>31,200</u>	<u>35,100</u>
Total	<u>11,100</u>	<u>88,800</u>	<u>99,900</u>

C. Program Components

1. VSC Support Costs

a. USAID will provide monetary support for each procedure performed at district hospitals; district health centers; district health offices; tambon health centers; mobile units; and MCH sub-centers. The support will be  $\text{฿}150$  (\$7.50) for each acceptable VSC procedure.

b. In addition, USAID will provide institutional support of  $\text{฿}150$  (\$7.50) for each VSC procedure beyond the FY 81 NFPP target of 120,000 performed at any MOPH facility.

c. The RTG will provide institutional support for all VSC procedures up to the target of 120,000 at the rate of  $\text{฿}150$  (\$7.50) for each female acceptor and  $\text{฿}50$  (\$2.50) for each male acceptor. Based on the projected ratio of female to male acceptors in FY 1981 (4 to 1) the RTG institutional support will be  $\text{฿}15,600,000$  (\$780,000).

The total institutional cost for a female VSC procedure is approximately  $\text{฿}600$  (\$30) and the male procedure costs about  $\text{฿}300$  (\$15). Thus, institutional support plus client costs cover only part of the total cost of the procedure. RTG institutions will continue assuming that portion of operational costs not covered by the institutional support program. Therefore, a VSC program which provides 148,000 female procedures and 37,000 male procedures represent an additional RTG in-kind contribution for female acceptors of  $148,000 \times \text{฿}300$  (\$15) or  $\text{฿}44,400,000$  (\$2,220,000) and  $\text{฿}5,430,000$  (\$271,500) for the estimated male procedures not fully covered by the subsidy.

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2. Information, Education and Communication (IE&C)

The NFPP has decided to increase the number of mobile units for VSC from 66 to 94 during FY 80. These units will include about 66 provincial teams and 28 district teams. This is the first year that district teams have been included and is both a reflection of the interest of the NFPP in encouraging activity at the periphery and the enthusiasm of some of the district hospital staff. All service units are supported by an IE&C team from the central, provincial or local offices who visit a given community before the arrival of the mobile clinical team. These IE&C teams prepare the community for the VSC clinical team by holding several large group gatherings. The main attraction is usually a full length Thai commercial film. The attendees also view educational films, flipchart presentations, and pamphlets which accompany the lectures given by physicians, nurses, and health education personnel. Posters and pamphlets which explain all aspects of VSC and other family planning methods and announce the arrival of the clinical team are distributed throughout the community.

It is necessary that each additional IE&C team be provided with sufficient equipment necessary to do this work. Provision is made in this Agreement for the purchase of 13 additional audio-visual sets to be used by the new district level mobile teams and 30 heavy duty projectors and spare parts for those provincial teams that need to replace worn or damaged equipment. A PIO/C for this purpose will be prepared subsequent to the signing of this Agreement. This equipment will be purchased with unutilized prior year funds.

The RTG will provide all the employees making up the 94 IE&C teams, plus supervisory personnel from the NFPP's IE&C Section. Also, the RTG will provide the NFPP IE&C mobile units and audio-visual materials (i.e., posters, pamphlets, and other materials necessary for the conduct of IE&C activities).

3. Training of District-Level Physicians to Perform Voluntary Surgical Contraception

As a result of two regional workshops on VSC held in November and December, 1979, it was found that a significant number of physicians working in district hospitals do not feel adequately trained to perform vasectomies and mini-laparotomies. The MOPH undertook a survey of all district-level physicians and found that 50 would like to receive additional training in VSC.

The MOPH plans to sub-contract with the Thai Association for Voluntary Sterilization (TAVS) to organize and arrange for the implementation of a program to train these physicians. The training will take place in provincial hospitals and Regional MCH Centers. From one to four trainees will participate in a group for a period of one to two weeks depending on the number of cases available. It is planned that each trainee will observe two procedures, assist with two, and operate on a total of five male and five female cases. Physicians from provincial hospitals will provide the training with technical supervision from consultant physicians provided by TAVS. Implementation is expected to begin shortly after the signing of this Agreement. The plan and budget for this activity will be reviewed and approved by DTEC and AID prior to implementation.

Funds for this purpose are available from unutilized prior year funds. No additional AID funds are provided for this activity in this Agreement.

4. Laparoscope/Laprocator Repair Training

The Family Health Division has recently decided to begin the process of shifting responsibility for the repair and maintenance of publicly-owned laparoscopes and laparocators from the Thai Association for Voluntary Sterilization (TAVS) to the Ministry of Public Health. In this connection, two technicians from the FHD will spend one month each working with the technicians at the TAVS Repair and Maintenance (RAM) Center in Bangkok.

5. VSC Kits

Additional VSC kits will be needed in FY 80/81 to supply the increasing number of static and mobile service facilities, augment supplies where utilization is high, and replace equipment that is worn out or damaged. It is anticipated that 600 kits (or a total of \$63,500) will be needed during the project year. Funds are available from unutilized prior year funds.

6. Personnel Support Costs

Most RTG physicians, nurses and other personnel comprising the provincial and/or district teams depend on income derived from an after-official hours private practice or job for their livelihood. Therefore, a potential inhibiting factor of the mobile VSC program is the lack of sufficient personnel to make up the teams, especially physicians and nurses. Personal expenses, such as food and lodging, associated with VSC field trips would discourage them from making the number of rural visits necessary to make the mobile teams effective. To maintain the existing USAID/T supported 62 mobile teams and the additional 13 mobile teams, it is imperative that some compensation be paid. Therefore, USAID will provide funding for compensation in the form of per diem for all members of the mobile service teams, the motivation teams, and supervisory personnel from the central NFPP office (during VSC related field visits) at a rate acceptable to the RTG and AID.

The RTG will provide total salary support for all members of the mobile service and IE&C teams. In addition, the RTG will provide funds for gasoline equal to that provided by AID. The Family Health Division will introduce a system of receipts so that 50 percent of each purchase is charged to RTG and AID accounts respectively.

Monitoring of these receipts will be included as part of the audit provided for in Section I-F of this Agreement.

A breakdown of the personnel support costs is given below:

1. Mobile Service Teams (75 teams)

		<u>US\$</u>
Physician	1px\$16x5dx12 trips x75 teams	72,000
Nurse	1px\$9x5dx12 trips x75 teams	40,500
Clerk	1px\$5x5dx12 trips x75 teams	22,500
Driver	1px\$5x5dx12 trips x75 teams	22,500
Gasoline	\$7.50x5dx12 trips x75 teams	<u>33,750</u>
		<u>191,250</u>

2. Support for Communication Teams  
(75 teams)

		<u>US\$</u>
Commu- nicator	1px\$9x10dx12 trips x75 teams	81,000
Driver	1px\$5x10dx12 trips x75 teams	45,000
Gasoline	\$7.50x10dx12 trips x75 teams	<u>67,500</u>
		<u>193,500</u>

3. Provincial Administrative Technical Supervisors

Technical Supervisor	1px\$16x4dx12 trips x62 teams	47,616
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4. Supervisors

	<u>US\$</u>
Project Administrator 1px\$16x4dx12 trips	768
Asst. Proj. Administrator 2px\$16x6dx12 trips	2,304
Proj. Coordinator 1px\$16x6dx12 trips	1,152
Gasoline \$25x36 trips	<u>900</u>
	<u>5,124</u>
Grand Total	<u>437,490</u>

The RTG has determined that a mobile service team must provide VSC services to at least five persons (even if the team remains in the field for only one day) in order to be eligible for per diem. The budget presented above anticipates that 22,500 VSC acceptors will be served by the mobile VSC teams during the 12 month period covered by this Agreement.

The Agreement also provides funding for provincial administrative/technical supervisors who will supervise mobile service and motivation teams. In most cases, this individual will be the PCMO. These supervisors may be reimbursed for travel expenses for each day they supervise service or mobile teams, not to exceed 4 days per month.

D. Documentation and Reimbursement Procedures - VSC Support Costs

Each participating institution will submit a monthly claim including MOPH Forms ES-1 and ES-2 and the informed consent form to the central office of the NFPP. The central office will match the claim against individual acceptor cards (NFPP Standard Form 01). When all

sterilizations are verified the NFPP will reimburse the participating institutions on a monthly basis. The NFPP will request reimbursement from USAID/T through DTEC on a quarterly basis. USAID/T will provide quarterly reimbursements to DTEC for actual expenditures plus an advance for the ensuing quarter which will be paid to NFPP.

E. Responsibilities and Functions

The responsibilities and functions will be as follows:

<u>Activity</u>	<u>Responsible Officer</u>	<u>Duration</u>
1. Report of Acceptors	PCMO	Monthly
2. Claims for Reimbursement (Form ES-1 and ES-2 and Informed Consent Form)	PCMO	Monthly
3. Verification of Claims	NFPP	Monthly
4. Payment of Reimbursement of Claims to Participating Institutions	NFPP	Monthly
5. Submissions of Claims of Expenditures and Cost Estimates for Ensuing Quarter to DTEC	NFPP	Quarterly
6. Submission Claims Checked by DTEC and Forwarded USAID/T for Payment	DTEC	Quarterly
7. Reimbursement of Expenditures and Advanced of Estimated Cost for Ensuing Quarter to DTEC	USAID/T	Quarterly
8. DTEC Reimbursement to NFPP	DTEC	Quarterly

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#### F. Audit Requirements

The RTG will be responsible for arranging a continuous audit of the program by a qualified audit firm. The RTG and the audit firm will sign a bonafide contract requiring an audit of a minimum of 3% of new VSC acceptors on a continuous basis. The audit will include examination of receipts for gasoline used in support of the VSC program. A quarterly audit report shall be furnished to the NFPP not later than 60 days after the end of the audited quarter. Example: The report covering the quarter October 1 - December 31 should be submitted to the NFPP not later than March 1. Two copies of each audit report will be furnished promptly to USAID/T by the NFPP. USAID/T reserves the right to approve the contract and the contractor selected. Funding for this activity will be provided from funds previously obligated under Project Agreement No. 0283-7005, Population Planning.

#### G. VSC Program Evaluation

A periodic evaluation of the progress of the VSC program will be done by the Research and Evaluation Section of the Family Health Division. The progress of the program will be measured through close study and analysis of the NFPP monthly statistical reports, the MOPH Forms 0-1, ES-2 and the informed consent form.

#### H. Reporting Requirements

A summary report on VSC activities will be provided to USAID on a quarterly basis which will provide the following information:

1. Number of VSC procedures accomplished during quarter, depicting the number of female and male acceptors and by type of facility e.g., provincial hospital, first class health center, etc.
2. Location of mobile units (province).
3. Number of procedures accomplished by each unit, on a monthly basis.

I. Special Provisions for VSC

1. Proportion of Male to Female Sterilization

USAID/T and RTG funds specified herein for male and female client support and for institutional support for female and male VSC procedures were estimated on past experience. If the proportion of male to female VSC procedures changes in FY-81, then USAID/T and RTG resources made available under this agreement may be utilized to support the performance of VSC procedures at other than the estimated proportions. Regardless of any variation in the proportion of male-female VSC procedures, USAID/T provided support funds will be restricted to the uses described in this Agreement, that is (1) to cover client charges for VSC procedures performed at rural health centers or mobile units; and (2) to provide institutional support costs for VSC procedures performed beyond the FY 81 target of 120,000 procedures. In the event that all funds to cover these costs are not utilized during FY 80, the balance may be used during the next fiscal year, but only to cover client charges of VSC procedures performed at district hospitals, MCH sub-centers, rural health centers and mobile units.

2. Effective Date of USAID Funds

USAID/T funds made available under this Agreement for male and female VSC procedures shall be utilized only for VSC procedures actually performed from the effective date of this Agreement except as provided for in I.D. above.

3. Free Service

The RTG reconfirms that all VSC services provided in MOPH facilities, other than those given at provincial hospitals, MCH centers or PCMO clinics will be given without any charge whatsoever. This includes medical and laboratory costs incurred in conjunction with the VSC procedures. Furthermore, if costs such as these or costs for treatment of any complications occur resulting from the

VSC procedure, the RTG assumes all costs for treatment and the client shall not be required to pay. If the audit report shows any deviation from this policy, the amount charged to client(s) will be withheld from the reimbursement claim.

4. Informed Consent

Since 1970, the RTG has had a national population policy to reduce Thailand's population growth rate by promoting the practice of family planning on a voluntary basis. The NFPP has conducted its operations in keeping with the policy, as a voluntary family planning program.

In accord with the voluntary aspect of the family planning program a "cafeteria" approach was adopted; offering participants a broad choice among family planning methods, including oral pills, condoms, IUDs, injectable contraceptives, and surgical sterilization for both male and female participants. Given the increasing demand for sterilization as the preferred and requested method of family planning (despite its sensitive nature) the NFPP has adopted a uniform, standard "informed consent form" for use nationwide to assure that the physicians performing the procedure are fully aware of the policy and that participants request sterilization voluntarily, without coercion or inducement of any kind and are fully aware of the permanent and irreversible nature of the procedures. The form requires the signatures of the physician performing the procedure, the participant (if the participant is female, her spouse) and a witness.

To further insure that all Thai sterilization acceptors request this service voluntarily, the NFPP has requested private sector agencies performing sterilization to use the informed consent form.

The informed consent form is completed in duplicate. One copy is retained at the service unit doing the sterilization and the other is submitted to the NFPP central office.

The MOPH/NFPP agrees to continue the use of the informed consent form and to take any other appropriate measures to assure the voluntary, non-coercive nature of the family planning program in Thailand.

5. Reimbursement of Participating Institutions

The NFPP will reimburse all institutions on a monthly basis. The MOPH/NFPP and DTEC will, jointly, establish reimbursement procedures (taking into account the time necessary for review of all claims) for reimbursement to be paid each institution no later than 45 days after the claim for reimbursement is made.

6. Duplications

The NFPP will ascertain that there will be no duplication of reporting of VSC procedures between those of the NFPP and of private sector VSC programs. As a matter of course any duplications will not be counted in reaching the NFPP targeted goal of 120,000 acceptors.

J. Funding Summary

	<u>USG</u>	<u>RTG</u>	<u>Total</u>
1. VSC Support	1,125,750	3,307,000 <u>1/</u>	4,432,750
2. Personnel Support	374,250 (63,240)*	400,000	774,250
3. Physician Training	(21,500)*	in kind	
4. VSC Kits	<u>(63,500)*</u>	<u>-</u>	
Total	1,500,000	3,707,500	5,207,000

1/ Includes "in kind" support

\* From unutilized prior year funds.

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## II. COMMODITIES

### A. Oral Contraceptives

#### 1. RTG Agreement to Purchase

Since 1973, the RTG and USG have agreed that the RTG would increase its purchase of oral contraceptives each year. In the 1976 Project Agreement (ProAg) for this Project (Revision #1, page 4), the RTG agreed to purchase in 1979, 6 million cycles plus 50% of the increased usage. The actual usage of oral contraceptives in 1978 was 8.5 million and in 1979 10.1 million; an increase of 1.6 million cycles. Thus the total amount of oral contraceptives to be procured by the RTG in 1980 is 7,000,000 plus 800,000 or a total of 7,800,000 cycles.

#### 2. USG Agreement to Purchase

In FY 80, the USG, as a partial contribution to this project, agrees to provide the equivalent of \$540,000 (approximately 2,885,000 cycles\*) for the purpose of oral contraceptives. This amount is included in the total shown as the AID contribution this year. These funds are obligated by AID/W centrally funded procurement of these contraceptives. Nevertheless, this contribution is a binding commitment of this Project Agreement.

### B. IUD Insertion Kits

As a result of a recent decision by the Ministry of Public Health, auxiliary midwives will now be allowed to insert IUD's. The Family Health Division expects to accelerate their plans for training AM's to insert IUD's and therefore will need additional IUD insertion kits. It is estimated that 300 IUD insertion kits will be needed to

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\* This amount is less than anticipated because of a shortfall in central funds available for contraceptive procurement. The shortfall of 278,000 cycles will be added to the FY 81 procurement.

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replace worn or damaged kits and to supply newly trained auxiliary midwives. The estimated cost of these kits is \$50,000.

### III. FAMILY PLANNING TRAINING

The RTG Fourth Five Year Plan specifies that the NFPP will broaden family planning service delivery to the remote rural areas, especially to those areas where MOPH personnel, (i.e., physicians, nurses, and medical auxiliaries) are not assigned. To achieve this wider coverage it is necessary to provide family planning training to non-MOPH paramedics or traditional healers who live and work in such areas. This training activity will be directed at three specific groups: (1) tambon doctors, (2) the border patrol police (BPP), and (3) traditional birth attendants (TBA).

#### A. Tambon Doctors (Paramedics)

Approximately 85% of the Thai population is considered rural and lives in areas having very few physicians or qualified graduate nurses. In most tambons (sub-districts), there are traditional healers referred to as the "tambon doctors", who assume a large share of the responsibility of providing primary health care. They provide basic medical care, distribute household medicines, in some ways are health educators, and are accepted and respected by the rural people. Administrative supervision of the tambon doctor is done by the District Officer, under the Ministry of Interior. During the past year the NFPP has successfully trained tambon doctors in family planning motivation techniques, oral and condom distribution and IUD and VSC referral. Because of the successful results, the NFPP plans to train an additional 1,200 during FY 80.

The NFPP will train the 1,200 tambon doctors from the provinces to be motivators, referral agents and distributors of family planning services. The training will be conducted by trained nurse supervisors, senior sanitarians and health educators for one week at the

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provincial or district health office.

To assess the impact of training on performance and trainee attitudes, follow-up visits will be made at 3 and 6 month intervals after training by the provincial public health nurses and nurse supervisors from the Family Health Division.

B. Border Patrol Police (BPP)

The BPP are male auxiliary nurses who provide health services to people living in remote areas (i.e., sensitive frontier points, mountainous areas, etc.) where MOPH personnel find it difficult to serve. Most BPP are trained in midwifery and with additional training some have become remote village-level agents for family planning information and service.

During the past year, the training of BPP has substantially expanded the availability of family planning services in these areas of the country. The MOPH now plans to train an additional 200 BPP under this Agreement.

The training will be conducted at the provincial level by the training staff of the NFPP Family Health Division, instructors from Chulalongkorn and Siriraj Hospitals and the staff from the Provincial Health Office.

C. Traditional Birth Attendants (TBA) and Trainers

The traditional birth attendant (TBA) is considered to be the most utilized and respected traditional healer in the rural areas of Thailand. Public health statistics indicate that 70-75% of all births in the rural areas are attended by the TBA. They also assist in both pre-natal and post-natal care for the mother and the newborn. It is important that the TBA's receive family planning training so that they can educate and encourage the women and men they serve to use family planning. The TBA can also play a key role in supplying oral contraceptives and condoms, thereby increasing the availability of

contraceptives in areas that still remain underserved. To enable the TBA to provide family planning information and services, the MOPH will train 2,400 TBA's during the next year. The training will be conducted by MOPH public health nurses and auxiliary midwives at the field level, most frequently at the midwifery stations. Training will be conducted in small groups (3-4 per group) for one week.

In addition, 600 trainers, (auxiliary midwives) will be selected and trained for two weeks to be trainers of the TBA's. The trainers will be responsible for the supervision and follow-up of field activities of the TBA.

D. Special Provisions for Training

1. Prior to initiation of this activity, a detailed training plan, including a time-phased schedule, will be submitted to DTEC and AID for review and approval.

2. Special priority will be given to the training of Traditional Birth Attendants and Tambon Doctors in the 20 designated provinces of the "RTG Population Program" or the "Accelerated Family Planning and Health Project" now in the second year of implementation.

3. The Division of Training will provide a narrative report to USAID/T and DTEC on a quarterly basis which recounts the progress of the training of Traditional Birth Attendants, Border Patrol Police and Tambon Doctors. The report will specify the number of persons trained in each category, analyze the effectiveness of training, problems encountered and other pertinent matters affecting the training program.

4. Prior to the end of March 1981, a special assessment of the training programs described above will be carried out. The purpose of the assessment will be to determine the level of impact of each of these programs on family planning knowledge and practice, both among the trainees and the population they serve. The assessment will

be carried out by staff from the training section of the Family Health Division (FHD) and at least one evaluation specialist from outside the Division. Small sample surveys, using personally administered questionnaires, will be one method employed for this purpose. The results of the assessments will be used by the FHD to make judgments about which training programs to continue and/or expand and which to discontinue. Funds for this purpose are provided for in the following budget.

E. Funding Summary for Family Planning Training (US\$)

	<u>Tambon</u> <u>Doctors</u>	<u>TBA</u> <u>(Trainers)</u>	<u>TBA</u>	<u>BPP</u>	<u>Super-</u> <u>visor</u>	<u>Total</u>
Lecture Fee	700	1,000	-	1,000	-	2,700
Per Diem	71,400	48,000	44,600	36,864	23,300	224,164
Travel Costs	13,400	8,000	11,000	12,480	13,025	57,905
Training Materials & Supplies	840	30,000	-	480	-	31,320
Miscella- neous	700	-	-	320	-	1,020
Evaluation						<u>5,000</u>
Total	<u>87,040</u>	<u>87,000</u>	<u>55,600</u>	<u>51,144</u>	<u>36,325</u>	<u>322,109</u>

IV. RESEARCH AND EVALUATION

A. Research

1. On-Going

Two research projects were proposed in the FY 79 Project Agreement. The first of these, entitled

"The Dynamics of Family Planning Acceptance in Northeast Thailand" began in October, 1979 and will be completed by April, 1981. The second proposed study is entitled "The Relationship Between Oral Contraceptive Use and Infections in Compromised Populations". The proposal for this study was submitted to the MOPH in late 1979 and following some revisions, has now been submitted to USAID for approval. If USAID and DTEC concur, it is expected that this study will begin in July 1980. Both of these studies are budgeted for in the FY 79 Project Agreement and no additional funds will be required.

2. User Perspective Study

The purpose of this study will be to obtain information regarding contraceptive acceptability that can be used to develop improved approaches to encouraging contraceptive continuation. In a program which is recruiting large numbers of new family planning acceptors, even marginal improvements in continuation rates can have an important impact on fertility. By going directly to the current or previous users, one can learn much about the factors that influence continuation. This study will involve in-depth interviews with current and past users of the major temporary methods of contraception in an attempt to identify those factors that could be integrated into training programs and service delivery.

3. Village Health Volunteer (VHV) Study

During the recent years, the RTG has trained and deployed Village Health Volunteers who provide a limited number of simple health services. One of their responsibilities is to provide information about family planning and to re-supply oral contraceptive and condom users in their communities. They are supervised and supplied with contraceptives by the auxiliary midwives who staff the local tambon health centers and midwifery stations.

The purpose of this study will be to determine the extent to which the VHV provides such information and services. The methodology will include interviews with a randomly selected number of VHV's and other persons in the community.

4. Comparative Study of Information, Education and Communication (IE&C) Strategies

In order to assist the program planners in deciding which IE&C strategies to pursue, more information is needed concerning the relative impact of various alternatives. The purpose of the action-research project described below will be to carry out some small scale experiments of alternative motivation techniques. These modest-sized studies should be viewed as the first of a series of field experiments to identify effective motivational strategies.

The initial study will involve a comparison of alternative IE&C strategies (e.g., use of "satisfied acceptors", traditional birth attendants, printed materials, such as posters, and bill boards, etc.) In order to accurately assess the impact of each of these approaches, the experiments will be of limited scope in terms of population and geographic coverage.

In addition to assisting with the cost of each of these experiments, AID will provide centrally-funded technical assistance, as needed and requested by the MOPH, to help with design and evaluation.

5. Budget Summary for Research

The studies described above will be reviewed by the MOPH/NFPP research committee which must approve the study design, work schedule and the budget. Upon the satisfactory completion of this process, the studies will be implemented through the issuance of a Project Implementation Letter (PIL), concurred in by all concerned parties (including DTEC and USAID). DTEC regulations will apply to these studies.

A total of \$40,000 is obligated for this purpose under this Agreement.

B. Evaluation

As part of the original FY 76 Agreement for the

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Population Planning Project, it was agreed by USAID and the RTG that a comprehensive project evaluation would be conducted bi-annually.

The third joint Thai/AID evaluation of the National Family Planning Program was carried out in July, 1979. Copies of the report in English have been widely distributed to Thai counterparts and a Thai translation has been completed and distributed. The report has proved to be a valuable source of program information and is frequently referred to by Thai colleagues and USAID population staff alike.

No evaluation is scheduled for the period covered by this Project Agreement. We expect that the final evaluation of the Project will be carried out in June, 1981.

V. INTENSIFIED INFORMATION, EDUCATION AND COMMUNICATIONS (IE&C) CAMPAIGN IN LAGGING PROVINCES

A. As alluded to previously, the NFPP has achieved measurable success in reducing the population growth rate. The record could be markedly improved, however, if all provinces contributed equally to the success. Analysis of the program data shows that the level of family planning practice is considerably below average in a number of provinces. The low performance provinces are not confined to any particular region, and they include large and small provinces, both near and far from Bangkok.

During the period covered by the FY 79 ProAg, an intensified effort (described in Section V of the FY 79 Agreement) to provide information and services was initiated in the "lagging" provinces. Thus far, workshops involving the PCMO's, DHO's, and, in some cases, directors of district hospitals, have been held in 6 provinces. New method-specific targets have been set based on the number of new and continuing acceptors needed to reach a contraceptive prevalence rate of 40 percent. The mobile teams in these six provinces have initiated their activities and procurement

of bill boards to promote family planning is now underway.

In addition to expanded mobile family planning services, this program also includes an intensive information and motivation program. This program involves the use of mobile teams who distribute information, show films, and talk to potential acceptors. The major element of the IE&C program, however, is the establishment of bill boards (one per 7,000 population) to inform and motivate potential clients.

B. Because of the experimental nature of the IE&C component of the program, it was recommended by DTEC, and concurred in by USAID/T, that the initial disbursement of funds for bill boards would be limited to six provinces. Additional disbursements of funds provided under the FY 79 Agreement may be made pending the favorable results of the assessment to be completed at the end of six months of this activity.

The FY 79 ProAg provided 18 months of funding for this activity. Due to delays in the pre-implementation stage, actual field work did not begin until March, 1980. It appears, therefore, that the FY 79 funds will be sufficient to carry this activity through June, 1981.

TOTAL PROJECT AGREEMENT FUNDING SUMMARY

(US \$)

<u>Project Component</u>	<u>USG</u>	<u>RTG</u>	<u>Total</u>
1. VSC Services			
VSC Support Costs	1,125,750	3,307,500	<u>2/</u> 4,433,250
Personnel Support Costs	374,250	400,000	774,250
VSC Audit	(63,240)		
VSC Training	(9,000)		
VSC Kits	(21,500)	"in kind"	
	(63,500)		
2. IE&C Equipment	(65,100)		
3. Commodities			
Oral Contraceptives	540,000 <u>1/</u>	1,600,000 <u>3/</u>	2,140,000
IUD Kits	50,000		50,000
4. Local Training	150,000	527,240	677,240
	(173,000)		
5. Action Research	40,000		40,000
	<hr/>	<hr/>	<hr/>
	2,280,000	5,834,740	8,114,740
	(395,340)		

Budget items in parentheses are funded using unutilized prior year funds.

- 1/ "in kind". Contraceptives to be purchased and delivered by AID/W.
- 2/ Includes "in kind" contribution.
- 3/ Includes loan-financed contraceptives.

Population Planning Project  
Financial Plan  
(\$000)

As of July 1, 1980

Project No. 493-0283

Project Inputs	Cumulative Obligations/ Commitments As of July 1, 1980			Future Years Anticipated			Total		
	AID	RTG	Other	AID	RTG	Other	AID	RTG	Other
Salaries & Per Diem		2,670	1,900		825	700		3,256	2,600
Training									
Participants	151						151		
Local	928	154	2,825	102	35	845	1,030	189	3,670
Research & Evaluation	286		478	40		120	326		598
VSC Services	7,016	2,700	680	1,024	645	-	8,040	3,345	680
IUD Subsidy	93	-	-	-	-	-	93	-	-
IE&C Improvement	233	-	30	-	-	-	233	-	30
Pop Education	100	-	478	-	-	20	100	-	498
Commodities			2,833			700			3,533
Oral Contraceptives	4,909 <sup>1/</sup>	4,787		575 <sup>1/</sup>	2,815		5,484 <sup>1/</sup>	7,602	
Family Planning Kits	510	194		-	51		510	245	
Mobile Units	155	133		-			155	218	
Other Med. Equipment	176	150		-			176	269	
IE&C Equipment	252			-			252		
Other Costs	57	2,522	509	-	1,532	441	57	4,460	950
<b>TOTAL</b>	<b>14,866</b>	<b>13,681</b>	<b>9,733</b>	<b>1,741</b>	<b>5,903</b>	<b>2,806</b>	<b>16,607</b>	<b>19,584</b>	<b>12,559</b>

1/ "In Kind" Contribution. Procurement by AID/W Central Funds.

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