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PROJECT PAPER AMENDMENT

PAKISTAN - POPULATION WELFARE PLANNING

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POPULATION WELFARE PLANNING PROJECT PAPER AMENDMENT

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LIST OF ABBREVIATIONS AND DEFINITIONS

ADB	Asian Development Bank
AID/W	Agency for International Development, Washington, D.C.
AVSC	Association for Voluntary Surgical Contraception
BSH	Basic Health Services
CEDPA	Center for Development and Population Activities
CDC	Center for Disease Control
CDSS	Country Development Strategy Statement
CIDA	Canadian International Development Agency
CMS	Continuous Motivation Scheme/System
CPS	Contraceptive Prevalence Survey
CYP	Couple Years of Protection
Dais	Traditional Birth Attendants/Indigenous Midwives
DG	Director-General
DPO	District Population Officer
DPWO	District Population Welfare Officer
EAD	Economic Affairs Division
ESF	Economic Support Funds
FHI	Family Health International
FMT	Field Motivator Team
FPAP	Family Planning Association of Pakistan
FWA	Family Welfare Assistant
FWC	Family Welfare Center
FWV	Family Welfare Visitor
FWW	Family Welfare Worker
FX	Foreign Exchange
FY	Fiscal Year
GOP	Government of Pakistan
Hakim	Indigenous Health Practitioner
IBRD	International Bank for Reconstruction and Development
IE&C	Information, Education and Communication
IMF	International Monetary Fund
IQC	Indefinite Quantity Contract
ISCM	Information System for Contraceptive Movement
ISTI	International Science and Technology Institute, Inc.
IUD	Intra-Uterine Device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JS	Joint Secretary
LC	Local Currency
LDC	Less Developed Country
M&S	Monitoring and Statistics Wing of FWD
MCH	Maternal and Child Health
MOH	Ministry of Health
MWRA	Married Women of Reproductive Age
MYPS	Multi-Year Population Strategy
NGCC	Non-Governmental Coordination Council
NGO	Non-Governmental Organization
NIPS	National Institute of Population Studies
NITR	National Institute of Technical Research

NRIFC National Research Institute of Fertility Control
 NRIRP National Research Institute of Reproductive Physiology
 P&D Planning and Development
 PD Policy Directive
 PDC Population Development Center
 PD&S Project Development and Support
 PFS Pakistan Fertility Survey
 PGS Population Growth Survey
 PID Project Identification Document
 PIDE Pakistan Institute of Development Economics
 PP Project Paper
 PPO Population Planning Officer
 PSC Personal Services Contract
 PWC Population Welfare Center
 PWD Population Welfare Division
 PWTI Population Welfare Training Institute
 RAPID Resources for the Awareness of Population Impacts on Development
 RHS Reproductive Health Service
 RIA Radio-Immune Assay
 SAM Supervision and Monitoring System
 SPO Senior Population Officer
 TBA Traditional Birth Attendant
 Tehsil Provincial Government level below district level
 TREC Training & Research Evaluation Center
 UNFPA United Nations Fund for Population Activities
 UNICEF United Nations International Children's Emergency Fund
 VSC Voluntary Sterilization Contraception
 WHO World Health Organization

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I. SUMMARY AND RECOMMENDATIONS

A. Funding

USAID/Pakistan recommends that an ESF grant of \$14.35 million and a DA grant of \$19.65 million be authorized to amend the previously authorized amount of \$40 million for a total life-of-project cost of \$74 million, and that the Project Assistance Completion Date (PACD) be extended from September 30, 1987 to September 30, 1989.

B. Summary Project Description

This proposed A.I.D. Project Amendment will add \$14.35 million in ESF and \$19.65 million of DA funds to increase AID support to the Government of Pakistan's (GOP) Population Welfare Plan. The broader goals to which this Project Amendment contributes are to reduce the rate of natural population increase and to reduce the level of infant and maternal mortality associated with closely spaced births and thereby promote the achievement of national, social and economic development. The project purposes are to: strengthen the GOP's capability to plan and conduct biomedical, socio-medical, socio-demographic and program research; to supply and deliver quality contraceptive goods and services directly and through non-governmental intermediaries; and to stimulate contraceptive acceptance through mass media communication. The amended project consists of seven components.

Component one, Program Monitoring, Research and Evaluation, is aimed at institution building. It will enhance research capabilities within the country, permit the generation of reliable and timely program data, and promote the wide dissemination of program and research findings, designed to improve the level of informed decisions affecting population planning.

The next four components address the constraints of increased supply and delivery of contraceptive goods and services and provide improved quality services to and expand the segment of the population already benefitting from these goods and services.

Component two, Contraceptive Supplies and Logistics Support component, will finance technical assistance and training to improve the logistics system and for additional contraceptive supplies (condoms, intrauterine devices, pills).

Component three, Voluntary Surgical Contraception, will fund the institutional costs of the delivery of surgical contraceptive services through GOP outlets.

Component four, Support to Non-Governmental Organizations, will broaden the role of NGOs in the delivery of family planning services.

Component five, District Operations, will fund the start-up costs of

establishing, on an experimental basis, an intermediary level of supervision of the tehsil (sub-district) level to increase the performance of the Family Welfare Centers.

Component six, Mass Media Campaign is designed to reach individuals with a potential, latent need for contraceptive goods and services. It will fund audience research, small-scale field testing, mass media coverage and evaluation of that coverage on family planning attitudes, knowledge and behavior.

Finally, component seven, the Mid-Level Management Training, provides funds for non-clinical training for the professional development of future managerial staff throughout the broad range of Pakistani institutions engaged in family planning activities.

C. Summary Findings:

This project Amendment is ready for implementation and is considered socially, financially, and economically sound, and administratively and technically feasible.

D. Statutory Checklists and Mission Director's Certifications:

1. The project meets all applicable statutory criteria. Appropriate checklists are included in Annex B.

2. The Mission Director has certified that Gray Amendment Organizations have been considered to the maximum extent practicable for the provision of goods and services. Copies of the Gray Amendment Certification and the FAA Section 611(e) and 612(b) Certifications are attached in Annex D.

E. Project Issues

1. Design Guidelines

The following issues and guidelines were transmitted to the Mission by STATE 245709/85. A copy of the original cable can be found in Annex A.

a. Institutional Development

The cable asked whether there were opportunities (such as through training) for the project to focus more on institutional development issues. Was lack of personnel trained in social science impeding effectiveness of existing research institutions?

Institutional development is the central thrust of the Program Monitoring, Research and Evaluation component (See the Detailed Project Description, component one in Section III). A new mid-level management training component directed toward the development of future managerial staff specifically addresses this question. Sensitivity to institution

building is evidenced throughout the project.

b. Clinical Services

The cable asked whether the project should look more specifically at constraints to use of existing clinical services and the potential for non-clinical contraceptive distribution, including community based distribution.

The district operations component addresses this issue by financing inputs to Family Welfare Centers in four districts in an attempt to remove constraints to improved delivery performance. Please see component five in the Detailed Project Description for full details.

c. Construction.

The cable expressed concern over the amount of additional construction the Mission proposed for the amendment and wanted to know if it was necessary to purchase a building for the National Institute of Population Services (NIPS) and/or the Monitoring and Statistics (M&S) Wing of the PWD.

No new construction is planned nor will AID finance a building for NIPS/M&S. Only the completion of construction work begun under the original Project Paper is being financed. Construction includes only the cost overruns due to inflation of the National Research Institute of Fertility Control (NRIFC) facility construction costs.

d. Recurring Costs.

The cable expressed concern over the GOP's ability to finance the recurring cost of NRIFC, NIPS, the National Research Institute of Reproductive Physiology (NRIRP), and the M&S and urged the Mission to limit support for recurring costs.

Recurrent cost support has been minimized during project amendment design and is within GOP financial capability.

e. Voluntary Sterilization Services

The cable suggested the Mission consider supporting the expansion of public and private sector voluntary sterilization services.

Component three and four (see the Detailed Project Description) have been designed to provide support to GOP and NGO service centers in proportion to increased demand for voluntary surgical contraception.

f. District Operations

The cable suggested an increased focus in selected districts and asked what would be financed and how AID assistance would

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be managed. Would AID subsidize current PWD activities or expand district activities? What were the implications for long-term GOP/provincial responsibility for district costs?

Increased efforts in district-based assistance are described in Section III.C.5, Support to District Operations, (component 5). Performance financing and management procedures are reviewed in Section IV.E 3.

g. Research and Evaluation

The cable suggested that primary attention should be given to improvements in research and evaluation which would closely and creatively relate these efforts to improve service delivery.

This suggestion is incorporated throughout the project. Please see the Detailed Project Description. A description of individual research activities is given in Annex L, Population Welfare Research Program showing the relationships between specific research and improved service delivery.

h. Mission Work Load: Increase In Staff, Reduction In Activities.

The Mission has given careful thought to mechanisms to reduce Mission staff workload. In the support to non-governmental organizations (NGO) and district operations components, performance disbursement procedures should greatly streamline financing a large number of mini-project activities. In the voluntary surgical sterilization component, a local firm will monitor PD-3 compliance and audit the institutional reimbursement procedures for both GOP and NGO program activities. Elsewhere throughout the project amendment, AID/W procurement and indefinite quantity contracts will facilitate input acquisition.

2. Voluntary Sterilization

In addition to the issues and guidelines mentioned above, STATE 13914 raised additional questions relating specifically to the issue of voluntary sterilization. A copy of this cable is provided in Annex A.

a. Will support be used in any way to finance or promote abortion as a method for Family Planning?

The project will not finance or promote abortion as a method of family planning. Under Pakistan law causing miscarriage (abortion) or abetting miscarriage is illegal and severely punishable by law*. In addition, the GOP agrees that none of the funds made available under this grant may be

* Pakistan Penal Code, Act XLV, Chapter XVI, Sections 312, 313, 315, 316.

used to finance any costs relating to (a) performance of abortion as a method of family planning (b) motivation or coercion of any person to undergo abortion (c) biomedical research which relates in whole or in part, to methods of or the performance of abortion as a method of family planning or (d) active promotion of abortion as a method of family planning.

Bilateral funds used for support of voluntary surgical contraception through the NGO sector will be through "buy-ins" with AID Cooperating Agencies such as the Association for Voluntary Surgical Contraception (AVSC) or the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO). Relevant clauses in their cooperative agreements are required to address the above-mentioned issues and prohibit AID funds being used to support abortion or abortion-related activities. AID, through a local firm, will monitor this area of concern.

b. The cable suggested empirical data should be provided to support the nature and level of institutional reimbursements made for voluntary sterilization to show, for example, that doctor's fees do not provide a financial incentive for the physician to provide voluntary sterilization versus some other equally important medical service. In other words, the payment levels should reflect the costs (both service-related and materials) associated with the procedure.

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The costs of institutional reimbursement on a per case basis are shown in the table below.

Table 1
Institutional Reimbursement Costs
(in Rupees)

<u>Type of Cost</u>	<u>"A" Center</u>	<u>"B" Center</u>	<u>Extension Services</u>
A. Physical facility (gas, sterilization of equipment, OT ^{1/} maintenance linen, gloves, drugs, medicines, syringes, bandages etc.)	50	50	70
B. Surgical/gynecological services	20	50	20
C. Medical Superintendent supervision	-	20	10
D. Daily allowance (misc. expenses while in field for extension team - OT staff theater technician, driver etc.)	-	-	20
E. Overtime hospital center staff in OT ^{1/} /recovery ward	-	50	10
F. Transportation and food for client & helper for operation and follow-up	65	65	70
Total Rs.	135 (\$8.50)	235 (\$14.77)	200 (\$12.57) ^{2/}

Under its Reproductive Health Services Project, UNFPA has been reimbursing institutions since 1981. As empirically verified, these levels of reimbursement do not offer an incentive to either physician or institution to perform contraceptive surgery over other important medical procedures. Recent figures from an A Center, in fact, show that

^{1/} OT = Operating Theater

^{2/} At the rate of exchange as of March 1986 where U.S. \$1.00 = Rs. 15.90

medicines and expenditures for a single female operation are approximately Rs. 70 (\$4.40). Medical personnel cost reimbursements were established by the GOP using hospital based cost guidelines in 1981 and are generally lower than equivalent type abdominal procedures such as appendectomies (see Table 2). The difference in the cash reimbursement to "A" center hospitals and "B" center hospitals is accounted for by the fact that PWD provides a basic surgical team to an "A" center while it utilizes the existing hospital staff of a "B" center facility.

Table 2 below shows the actual cost of a similar medical operation, an appendectomy, in a central governmental hospital, a district headquarters hospital and a provincial government hospital. The table demonstrates that, in comparison to the amount reimbursed for surgical contraception operations, there is, in fact, more financial incentive in doing other, similar types of operations.

Table 2
COMPARATIVE COSTS OF APPENDECTOMY OPERATION
(in Rupees)

Hospital	Central Govt Poly-Clinic ("A" Center Hospital)	Dist. Headquarters Hospital Rawalpindi	Holy Family Hospital (Provincial Govern- ment Hospital)
A. Physical facilities Staff, medicines OT maintenance	200	450	450
B. Anesthesia plus anesthesiologist	30		
C. Daily Room Rates		150	150
D. Surgeon's fees	<u>2000</u>	<u>1500</u>	<u>1500</u>
Total	<u>2230</u>	<u>2100</u>	<u>2100</u>

Regarding food and transportation reimbursement for client and helper (Rs 65-70 or US \$4 to 4.40), it should be remembered that most of the hospitals performing contraceptive surgical procedures are centrally located in the cities. Many of the clients have to travel a distance from villages or areas outside the immediate locale of the hospital. Bus service is not always available and a common mode of transportation is via rented Suzuki truck or van. For example, a trip from Wah Cantonment

approximately 45 minutes away from Islamabad's Central Government Poly-clinic which is an A hospital costs Rs. 250 (\$16.00). When divided among a group of clients and a dai (traditional mid-wife) who accompanies them, as is the usual procedure, the amount is consistent with reimbursement in category F in Table 1 above. Women from villages in the Murree area come to Rawalpindi, a trip of 1 hour, for surgical contraception. This round trip by Suzuki is approximately Rs. 200 (\$12.60) and this does not include the cost of jeep transport from the villages to the town of Murree. These few examples serve to indicate the nature of the cost reimbursement and the lack of incentive associated with it. Per capita income in Pakistan is US \$330. The level of institutional reimbursement does not provide a financial incentive for doctors or hospitals to provide VSC over other equally important services nor does it provide a financial incentive to acceptors.

A condition precedent to disbursement for the Government VSC program requires the written consent of AID prior to any change in currently approved GOP levels of payment to acceptors or providers of VSC services.

c. The cable stated that there should be a clear indication of the level of GOP financing anticipated for this project element. Ideally, GOP contribution should go beyond "in-kind" and include evidence of plans for gradually assuming a greater share of the recurring costs currently planned for donor financing.

The GOP anticipates funding the following components of the Reproductive Health Services Project. The calculations are based on a four year period.

i. Petrol, oil, lubrication and maintenance of service vehicles estimated at Rs. 4,812,000 or US \$320,800.

ii. Salary for the Government officers participating in the project, including Medical Superintendents and Gynecologists of the "A" Center hospitals, physicians in "B" Center hospitals,* staff of Provincial Welfare Departments and staff of Line Department is estimated to be approximately 200 persons. The above mentioned staff is involved on a part-time basis with the Reproductive Health Services Project and based upon 25% calculation of their salary, the GOP contribution is estimated at \$3.6 million over the four year period.

* "A" centers are located in teaching and/or large urban hospitals, operating facilities are devoted to voluntary surgical contraception and are funded directly by the PWD. "B" Centers are in district or sub-district hospitals and are funded through a reimbursement agreement with the hospital.

iii. The cost of Government premises of the "A" & "B" Center hospitals and other facilities of the hospitals have not been included in the GOP contribution, however, this is estimated at \$ 3 million.

d. The cable stated the amendment should provide clear evidence that the GOP and participating indigenous NGOs are prepared to comply, in every respect, with the conditions as stated in PD-3, as well as any other conditions/covenants (e.g., quarterly independent audit required by A.I.D.).

Government VSC Program:

Activities under Pakistan's UNFPA assisted Reproductive Health Services program have been in place since 1981. At the commencement of this project, due consideration was given by the GOP to the criteria of eligibility of clients and the issues of informed consent and voluntarism. It is the general policy of the Government of Pakistan to perform surgical contraceptive operations only on consenting women between the ages of 25 and 40, who have three living children and, preferably, at least one son above 5 years of age. An operation consent document which is signed or "marked by thumb print" in the case of illiterate clients is kept on record. For female operations, both male and female partners sign or mark the document and in the case of male operations only the male signs the document. The document is also signed by a witness.

The document includes a statement that the decision to have the operation is of the client's own free will and personal decision. The family welfare worker counsels the client before the operation as to points covered under PD-3.

USAID will review the informed consent document and propose additional language, where necessary, to meet the PD-3 requirements. A Condition Precedent in the Project Agreement will require that prior to disbursement for the government VSC program, other than technical assistance, AID be satisfied of:

i. Documentation of a comprehensive plan for a Grantee sterilization surveillance system of the Government VSC Program which addresses, inter alia, the six (6) General Guidelines described in AID's PD-3, Section II

ii. A standardized informed consent form which shall be completed by all acceptors of such voluntary surgical contraception financed in whole or in part by AID funds and which may not be modified without the prior written approval of AID; and

iii. Confirmation of the Grantees assent to use of project funds for AID to retain the services of an appropriate organization to monitor, on an on-going basis, compliance with AID's PD-3 and Addendum to PD-3

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USAID will also contract for Audit/Accounting services for the below stated ongoing monitoring in "A" and "B" Centers and Extension Units:

- i. That GOP consent forms, if deemed by AID not to be in compliance with the requirements of PD-3, have been replaced by AID acceptable informed consent forms consistent with requirements of PD-3.
- ii. That clinic personnel understand and are utilizing the informed consent forms properly consistent with requirements of PD-3.
- iii. That signatures of the client in the document for literate acceptors and the mark of an illiterate acceptor along with a witness of the same sex and a certifying authority are consistent with requirements of PD-3.
- iv. A medical records filing system is in place and those in charge understand and are implementing the requirement to retain the informed consent document for three years.

Ready access to other methods exists at all "A" centers through the Family Welfare Assistant (FWA), who is responsible for motivation, counselling, record keeping and supplies of conventional contraceptives at that facility. This FWA is able to offer alternative methods to each client. Those clients that have been referred from the Government Family Welfare Centers also have had the option of selecting other methods. The GOP is now in the process of also posting FWAs at "B" centers.

Regarding the "quality of VS services", surgeons/gynaecologists who perform contraceptive surgery are trained through "A" center facilities or other hospitals by qualified physicians. This training program was developed with the assistance of JHPIEGO and AVS in the 1970s and has been functioning successfully since that time. Before physicians are certified, they observe five and perform five female procedures. In the case of vasectomies, five solo operations are required. As a general policy, training in female contraceptive surgery will be carried out by minilap technique. Training in laproscopic technique is mainly directed to gynaecologists and experienced doctors in teaching hospitals.

USAID and the GOP will review/discuss AID family planning assistance policy and the Project Agreement requirement set forth for bilateral funding of family planning programs as referenced in State 190555 (June 23, 1985). In addition, a PIL will be issued to the GOP setting out the definitions as stated in State 171768 (June 6, 1985), paragraph 4c.

The issue of incentive payments is fully addressed in Section I-19B above and that of Sterilization and Health Services in Section I-19e below.

NGO Program

Informed consent documents for voluntary surgical contraception through the NGO sector are already under review by this Mission to assure

consistency with PD-3. These documents are also regularly reviewed by the Cooperating Agencies (AVSC) home and field Office. The Mission is, furthermore, encouraging and working with AVSC to develop a standard Urdu format for all its NGO projects. AVSC and USAID, either through their own staff and/or an outside audit/accounting organization, will undertake an initial assessment and maintain on-going monitoring of Pakistani NGO compliance with the requirements of PD-3.

With reference to "Ready Access to Other Methods," the Mission as well as US Cooperating Agencies will review all project proposals from NGOs which include a contraceptive surgery element to satisfy itself that these proposals provide for ready access to other methods. Similarly, the USAID Mission and AVSC will review project proposals from Pakistani NGOs to ensure that high quality training is provided for persons performing surgical contraceptive procedures and that training facilities and personnel meet acceptable criteria. Grants under Agreement with US Non-Governmental Organizations, as well as Grants under Cooperative Agreements with foreign NGOs, are required to include the clauses provided for in State 171768 (June 6, 1985). To the extent that USAID will be utilizing "buy-ins" to existing agreements, it is USAID's understanding that these existing agreements with AID Cooperating Agencies have already addressed AID's policy issues and requirements.

USAID will engage the services of an independent audit/accounting firm to assist in monitoring compliance with PD-3 as well as institutional reimbursements. A detailed discussion of the institutional reimbursement procedure is to be found in the Section IV.E., Methods of Implementation and Financing.

e. The cable stated that the PP Amendment should make clear that the A.I.D. contribution to this element (voluntary sterilization) of the program will not detract from other important child survival efforts. AID/W assumed that it would not, given the existence of vertical service delivery systems for health and "family welfare," and the fact that nearly 80 percent of visits to "family welfare" outlets were for non-family planning services.

AID's contribution to voluntary sterilization will not detract from other important child survival efforts for a number of reasons. First, there exist separate service delivery systems for health and family welfare programs built from the respective ministry to the field level. Second, a major portion of the visits to family welfare centers are for general maternal and child health care. Third, the Mission continues to support new and continuing child survival activities through the Ministry of Health. In addition family planning programs through the NGO sector are usually carried out by organizations that are also involved in other health interventions and strengthening of organizational capacity. Finally, although demand is increasing, voluntary surgical contraception still only accounts for 12.7% of acceptors (170,000 cases between 1982 and 1985) in the overall population welfare program. The proportionately small scale of effort required for voluntary sterilization does not

detract from child survival activities. In fact, it is anticipated that family planning, including voluntary surgical contraception, will contribute to the Mission's child survival objectives by reducing excessive fertility and births among high-risk older women.

II. BACKGROUND

A. Country Setting

Pakistan's population is now almost ninety-eight (98) million and continues to grow at a rate of 2.7% per year, the second highest in Asia.* Although the country's economy has been expanding at an average rate of 6.3 percent per year since 1977, and despite the impressive gains in overall economic growth and progress, Pakistan's per capita income and living standards remain among the lowest in the world. A significant factor related to this situation has been the continuing increase in its population which has neutralized development efforts.

B. Population Sector In Pakistan

1. Demographic Trends

The demographic changes which have occurred since the turn of the century in Pakistan characterized most low income countries. The level of mortality has declined by more than half while fertility has remained relatively unchanged at very high levels. Given the current rate of growth, the population will double within the next 20 years. Pakistan, with nearly 46% of its population below the age of 15, has a very young age distribution, which will likely contribute to a continuing high growth rate. Pakistan has recognized the problem of rapid population growth and launched several attempts (with limited success) to reduce its rate over the last 30 years. (See pages 11-14 of the original PP for a detailed description of past programs).

2. Lessons Learned

In formulating the current Population Welfare Plan the GOP considered many of the factors which contributed to past program shortcomings and achievements. These were as follows:

a. Family planning cannot succeed as a single purpose program in Pakistan but must be considered as an integral part of overall social and economic development.

b. Reliable data on the social and economic barriers to fertility changes are necessary for policy, strategy or program management decisions.

c. The responsibility for population activities must be shared by other ministries, governmental organizations, and private and

* Bangladesh: 2.8; Pakistan: 2.7; Afghanistan: 2.5; Nepal: 2.4; India: 2.2; Sri Lanka: 2.1. Source: Population Reference Bureau, Inc., 1985.

voluntary organizations.

d. Adequate attention must be paid to creating demand for family planning services.

e. Active community involvement and participation are required for program success.

f. Contraceptives must be continuously and conveniently available to the consumers who must be made aware of their availability.

C. Population Welfare Plan

The AID FWP Project derives its name from the current Population Welfare Plan. The Plan is central to the FWP Project because both the original Project Paper and this Project Paper Amendment fund specific activities conceived within the context of the Plan. The Population Welfare Plan addresses past failures, is comprehensive and has as its two principal objectives (1) the creation of an awareness of the importance of small family size and behavioral change and (2) the provision of contraceptive services on a reliable and sustained basis.

A core program consisting of three main components makes up the main body of the Plan. The components are: (1) the creation and expansion of Family Welfare Centers, (2) the provision of family planning services including voluntary surgical contraception, and (3) family health manpower development. The core program is complemented and supported by several other activities. The fundamental strategy of the Plan adopts an approach which integrates family planning services with broader maternal and child health care and delivery of rural health services. It also seeks to integrate population education with general primary and secondary education programs. Additionally the Plan seeks to improve the socio-economic status of women by incorporating the small family idea and delivery of contraceptive services in ongoing social and economic development programs. In contrast to past programs, the Plan represents an intensive, broad-based approach to fertility reduction. Some of the main features and areas of emphasis of the Plan are:

- Decentralization of planning functions by making Pakistan's provinces responsible for implementing the nationwide family planning effort.
- Increased outreach activities by creating Family Welfare Centers which provide an array of family planning services to the population at large.
- The involvement of non-governmental organizations (NGO) and the provision of a variety of contraceptive services in increasing outreach activities.
- Training of a broad base of personnel in the health and population sub-sectors in a variety of subject disciplines.

- A communication strategy that includes radio, television networks, the press and other media.

D. The Original Project

1. Strategy and Components

The original AID project supported the Population Welfare Plan by financing four activities: (1) management information, (2) contraceptive supplies and improvement of the logistics supply network (3) bio-medical and socio-medical research, and (4) personal motivation and awareness. Its original purpose was "to strengthen the GOP's population planning, evaluation, research, motivational, and logistic capabilities and performance." In support of the Plan, AID assistance was complementary to the World Bank and the UN assistance. For example, the World Bank provided financing for two of the Plan's core components, namely Family Welfare Centers and Family Health Manpower Development, while the UN Fund for Population Activities (UNFPA) provided financing for the Reproductive (contraceptive primarily) Health Services component and some of the Family Welfare Centers. As can be seen from the table on the following page AID's original project financing emphasized the provision of contraceptive supplies. Primarily in response to increased demand, the rapid procurement of AID-financed condoms and orals, and the recommendation of an interim evaluation in November 1984, an increase in the life-of-project costs was authorized and additional funds obligated for contraceptives. With no substantive changes, this raised the original project cost from \$25,600,000 to its current \$40,000,000 for which a further amendment in cost as well as in scope is being sought in this proposal. The project's original components and costs (as first amended) are as follows:

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Table 3
Original Project Components
and Summary Costs
(\$000)

<u>Project Component</u>	<u>A.I.D. Dollar Grant</u>	<u>Mondale 1/ Rupees</u>	<u>GOP1/</u>
1. <u>Management Information</u>	2,882	-	2,876
2. <u>Contraceptive Supplies and Logistics Support</u>	35,172	1,199	4,441
3. <u>Research</u>	591	614	2,397
4. <u>Personal Motivation</u>	660	-	-
<u>Evaluation</u>	108	-	-
Total	39,413	1,813	9,714
Contingency	587	200	-
Grand Total	40,000	2,013	9,714

1/ Expressed as dollar equivalents at the then exchange rate of U.S. \$1,00 = Rs. 10.43 on January 26, 1982.

2. Progress to Date

As of March 31, 1986, project expenditures amounted to \$18.4 million. Much of this reflects the rapid procurement of contraceptive commodities and the relatively smooth implementation of the contraceptive supplies and logistics component. However, progress on the other components was not as dramatic and in some cases uneven. The information below summarizes progress achieved and describes major problems encountered since the first Project Agreement was signed on August 10, 1982.

a. Management Information System (MIS)

A new Monitoring and Statistics Wing has been created within the Population Welfare Division at Islamabad. This Wing collects, compiles and analyzes statistics and contraceptive inventory and distribution data. A Contraceptive Logistics Manual is in the final stages of completion with AID assistance. It will be essential to improve upon the data feed-back process and to develop the MIS capability of the provincial staff, especially since the responsibility for implementation now rests with the provinces.

b. Contraceptive Supplies and Logistics

Contraceptive procurement proceeded more rapidly than expected, with a dramatic offtake in condoms in 1984 resulting in contraceptive rationing in provincial districts. Due to this situation and the GOP's inability to maintain a three month stock in the districts, AID agreed to finance an additional \$14.4 million worth of condoms in FY 85 as the first amendment to the project. The following table shows actual contraceptive demand compared to the original project projections, and indicates condom and IUD use have exceeded projections, while oral contraceptive use, though increasing, is a fraction of estimates projected:

Table 4
Actual Versus Projected Contraceptive Use
(000s)

	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>
Condoms: Projected	44,100	48,900	56,200	57,400
Actual	23,904	46,447	78,361	80,766
Orals: Projected	1,430	2,236	3,497	4,914
Actual	276	529	853	1,128
IUD: Projected	118	136	164	182
Actual	78	127	172	222

A major problem was the slow start up of construction of a central commodities warehouse in Karachi. The Mission now expects construction to be completed by December, 1988.

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c. Research

The original project called for AID support of bio-medical research through the National Research Institute for Fertility Control (NRIFC) and socio-medical research to be conducted by the Population Development Center. However, little or no progress in supporting these types of research was achieved due to institutional uncertainties and changes. For example, to strengthen NRIFC's capacity to test new contraceptive products and technologies, AID agreed to finance limited amounts of equipment and the construction of a new and larger facility for this organization. An ensuing debate within the GOP as to whether NRIFC should be moved from Karachi to Islamabad delayed planned AID support for NRIFC. A final decision was made to keep the facility in Karachi, and a Pakistani A&E firm has been selected to supervise construction work. Socio-medical research programs geared to population issues were also delayed, as the GOP believed a new autonomous institution staffed with qualified individuals was necessary to improve quality and assure independence. It was not until November 1985 that the National Institution of Population Studies (NIPS) was created as the successor organization to the Population Development Center (PDC). NIPS has a qualified though skeletal staff that is highly motivated and able to implement a well designed research program with AID support.

d. Personal Awareness and Motivation

The principal aim of this component was to expose GOP policy makers and health, population, and education officials to population programs in the U.S. and other countries. Furthermore, knowledgeable U.S. individuals in the population field were to make short visits to Pakistan to consult or teach. Only five Pakistanis were sent on observational travel, and no U.S. experts have visited Pakistan. Instead, funds from this component were used to develop RAPID analyses*. However progress to date has been slower than originally estimated, due largely to the absence of a defined research agenda.

E. The Amended Project

The amended PP retains the original project purpose but expands the original scope by funding additional elements of the Plan. The revised project now has five (5) new components, and places greater emphasis on institutional strengthening and technology transfer in a renewed effort to expand the Plan's outreach efforts for the delivery of quality family planning services.

* RAPID analyses highlight through graphic displays the future implications of high national population growth.

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The amended project's components and summary costs as compared to the original project are as follows:

Table 5
Original & Amended Project Components
and Summary Costs
(\$000)

<u>Components</u>	<u>Original Project</u> <u>(\$000)</u>	<u>Proposed Amendment</u> <u>(\$000)</u>	<u>TOTAL</u> <u>(\$000)</u>
1. Management Information & Research	2,900 600		
= Progr. Monitoring, Research & Eval.	<u>3,500</u>	5,000	8,500
2. Contraceptive Supplies & Logistics	35,200	9,700	44,900
3. Voluntary Surgical Contraception.	-	5,100	5,100
4. N.G.O.	-	3,800	3,800
5. District Operations	-	1,100	1,100
6. Mass Media	-	5,700	5,700
7. Personal Motivation	600		600
8. Mid-level Management Training	<u>-</u>	<u>600</u>	<u>600</u>
TOTAL:	<u>39,300</u>	<u>31,000</u>	<u>70,300</u>
Evaluation	100	300	400
Contingency	<u>600</u>	<u>2,700</u>	<u>3,300</u>
GRAND TOTAL:	<u>40,000</u>	<u>34,000</u>	<u>74,000</u>

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F. Rationale for Amended Project

The original project emphasized the provision of contraceptive supplies to increase GOP stocks. Support was also provided to population research programs designed to strengthen the quality of services delivered, and through a planned series of exchange visits by Pakistanis and U.S. individuals, an increased awareness of the importance of family planning was to be developed. This awareness would in turn increase motivational skills in the Population Welfare Plan's outreach efforts to expand and meet a larger demand for services.

As a result of the original project, contraceptive supplies are in place and ready for distribution, using an improved management system and a strengthened logistical capability. Furthermore the research system is now poised to tackle seriously the tasks of defining a research agenda based on known bio-medical and socio-medical issues. A high priority now facing the GOP is the systematic management of critical outreach efforts. A well designed and managed media campaign is needed to create new and sustain existing demand. Coupled with this effort, a well managed system of public sector and private, non-governmental organizations outreach activities using a variety of interventions will be critical. The amended PP recognizes and supports the GOP's readiness to implement more of the Population Welfare Plan and to strengthen key areas.

G. Relationship to A.I.D. Strategy and Other AID Projects

USAID's short term population strategy is aimed at assisting the GOP in improving delivery of family planning services to clients, while simultaneously encouraging the private sector participation through its Social Marketing of Contraceptives (SMC) Project. However, to realize an effective and lasting fertility decline, USAID's long term strategy is based on a recognition that availability of effective family planning services is but one of the determinants of fertility patterns. In Pakistan, as elsewhere, broader socio-economic factors affect fertility. Changes must occur in such socio-economic variables as infant mortality, age at marriage, social and job status of women, household income levels, and increased education especially among females. Consequently, USAID views its entire project portfolio as a means of bringing about changes in some of these broader fertility-related variables.

H. Other Donor Assistance

AID's contribution, \$74 million, represents 73% of the total \$101.6 million invested by all donors from 1982 to 1989 to finance to date the Population Welfare Plan. The A.I.D. project both complements and supplements those population activities being financed by other donors. It does not interfere with or duplicate other donor efforts, nor does it depend upon the successful implementation of other donor programs. The donors listed in Table 6 have agreed to fund specific components of the GOP Population Welfare Plan.

TABLE 6
OTHER DONOR ASSISTANCE

DONOR	PROGRAM AREAS								ASSISTANCE			
	Family Welfare Centers	Reproductive Health Care	Training	a/ IE&C	Research	Vehicles	Equipment & Supplies	Construction and Renovation	Level (\$000)	Type	Time Period	
World Bank	X		X	X			X		14,000	Loan	1982-1986	
Asian Development Bank		X				X	X	X	490	Loan	1982	
UNFPA		X	X			X	X		2,250	Grant	1981-1982	
UNICEF				X					715	Grant	1982-1987	
Government of Japan						X	X		1,340	Grant	1982	
WHO					X				45	Grant	1982	
United Kingdom		X				X	X		6,720	Grant	1984-1987	
Government of Canada	X		X						2,043	Grant	1983-1988	
OPEC									UNDETERMINED			
EEC									UNDETERMINED			
									Total All Other Donors:			27,603

a/ Information, Education and Communication

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III. DETAILED PROJECT DESCRIPTION

The discussion which follows is for planning purposes. Project inputs and outputs may change as conditions warrant.

A. Project Goal and Purpose

The broader goals to which this Project Amendment contributes are to reduce the rate of natural population increase and to reduce the level of infant and maternal mortality associated with closely spaced births, thereby promoting the achievement of national, social and economic development.

Indicators of goal achievement include a population growth rate decrease from 2.9 to 2.6, a crude birth rate reduced from 41 per 1000 to 37 per 1000 and a contraceptive use prevalence increase from 10% to 15% of married couples of reproductive age by the end of the project.

The project purposes are: to strengthen the GOP's capability to plan and conduct bio-medical, socio-medical, socio-demographic and program research; to supply and deliver quality contraceptive goods and services directly and through non-governmental intermediaries; and to stimulate potential contraceptive acceptance through mass media communication.

B. Project Outputs

The following outputs will be produced under the amended project:

1. One building completed and equipped and 15 staff trained for the National Research Institute of Fertility Control.
2. The National Research Institute of Reproductive Physiology equipped, supplied and nine staff trained.
3. Twenty-nine Monitoring and Statistics Wing staff trained and 12 seminars/workshops held.
4. Five thousand, four hundred outlets supplied with 143,560,000 condoms, 700,000 IUDs and 6,848,000 cycles of oral contraceptives and 100 persons trained in logistics.
5. Approximately 200,000 cases of voluntary surgical sterilization performed, 15 non-governmental organization (NGO) voluntary surgical contraception service sites, two voluntary surgical contraceptive training centers, and 20 persons trained abroad.
6. Pakistani NGOs supported through 10 U.S. contractor-managed and five NGO Coordinating Council/USAID managed projects implemented and 28 trained abroad.
7. One tehsil level management level experiment completed

which, if successful, will establish 189 tehsil units for improved contraceptive outlet performance nationwide.

8. One mass media program in place through private sector participation, one weekly 10-minute radio program produced, one film produced, and 18 hours & 15 minutes of T.V. broadcasts, 32 hours of radio broadcasts and 10,680 newspaper advertisements communicated effective family planning themes.

9. Ninety-six person months of long term and 54 person months of short-term mid-level management training provided to key personnel.

C. Project Components/Activities

The Project Amendment has seven components: 1) Program Monitoring, Research and Evaluation, 2) Contraceptive Supplies and Logistic Support, 3) Voluntary Surgical Contraception, 4) Non-governmental Organization Support, 5) District Operations, 6) Mass Media Campaign and 7) Mid-Level Management Training. An overview of estimated project input financing and a discussion of each component follows below. In this table and text below, numbers have been rounded to the nearest \$100,000. For more detailed figures, please see the section on Financial Analysis and the detailed budget for each component in Annex M.

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Table 7
Overview of Estimated Project
Financing

	<u>Total</u>	<u>T.A.</u>	<u>Trg</u>	<u>Com</u>	<u>Other</u>
	<u>(\$000)</u>	<u>(\$000)</u>	<u>(\$000)</u>	<u>(\$000)</u>	<u>(\$000)</u>
1. Prog. Monit, Res. & Eval	5,000	1,370	1,200	1,370	1,060
NRIPC	(1,800)	(500)	(200)	(500)	(600)
NRIRP	(2,000)	(800)	(300)	(800)	(100)
M&S	(1,200)	(70)	(700)	(70)	(360)
2. Contraceptive Supplies	9,700	100	100	9,500	-
3. Vol. Surgical Contraception	5,100	700	100	-	4,300
4. Support to NGOs	3,800	500	300	-	3,000
5. District Operations	1,100	-	-	-	1,100
6. Mass Media Campaign	5,700	200	-	-	5,500
7. Mid Level Management Trg	600	-	600	-	-
Sub Total	<u>31,000</u>	<u>2,870</u>	<u>2,300</u>	<u>10,870</u>	<u>14,960</u>
Evaluation	300				
Contingency	<u>2,700</u>				
Grand Total	<u>34,000</u>				

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1. Component 1: Program Monitoring, Research and Evaluation

Four research institutes comprise the GOP population research community. These institutes provide the information and knowledge necessary to plan, conduct and monitor successfully the national Population Welfare Program. They are:

- the National Research Institute for Fertility Control (NRIFC),
- the National Research Institute for Reproductive Physiology (NRIRP),
- the National Institute of Population Studies (NIPS) and
- the Monitoring and Statistics Wing of the Population Welfare Division (M&S).

Taken together, they constitute the full spectrum of a national, population research capability. The division of responsibility between these institutes are as follows:

<u>Area of Responsibility</u>	<u>Organization(s)</u>
Basic Research	NRIRP
Bio-medical Research	NRIFC, NRIRP
Socio-medical Research	NIPS, NRIFC
Program Monitoring	M&S
Statistical Research	NIPS, M&S
Socio-demographic Research	NIPS, M&S, NRIFC
Population Policy Research	NIPS

This component will expand the project's original effort to build research capability within PWD and its affiliates. The Amendment extends the life of existing project funds and provides additional funds to further assist the development of the population research effort. Details of new activities to be financed are presented below under three sub-components comprising support for NRIFC, NRIRP and M&S.

In the case of NIPS, the Amendment will only extend the life of funding; no new financing is requested. Specifically, NIPS' undertakes research on the inter-relationship of population and development, develops demographic models, is establishing a population growth survey system and promotes informed policy decision-making. Support under the original project paper included funds for survey activities (see Annex L), seminars and workshops, training programs, publications, technical assistance for institutional strengthening, a service statistics system, a feedback evaluation system and data processing. The amendment design team found that two additional years of project activity will be required for NIPS to carry out these activities, however, current funds are sufficient.

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a. Fertility Control Research Sub-component: The National Research Institute for Fertility Control (NRIFC)

i. Background

Established in 1962, the NRIFC's major responsibilities are to: 1) conduct clinical trials on currently available and new contraceptives prior to their introduction in Pakistan, 2) perform socio-medical and socio-demographic studies and surveys and 3) act in association with WHO as a Collaborative Center for Clinical Research (CCCR). As the clearing house for new contraceptive technology, the Institute has the important responsibility of acting as the "gate keeper" for the introduction or exclusion of family planning methods in Pakistan. NRIFC also tests samples from all contraceptive commodities for quality standard adherence before they can be released through government distribution channels. Because of the critical role of NRIFC, increasing its capacity to perform effectively is paramount to the growth and evolution of population programs in Pakistan. To carry out its role, the NRIFC requires know-how and technology ranging from project design and data processing to bio-chemical determination on urine and blood.

Twenty-one professional staff positions are approved; currently ten positions are vacant. Since 1982 the institute has completed nine final reports on major studies. Currently another 14 studies or surveys are in progress. Examples of research topics are attached in Annex L.

The WHO has been a major provider of assistance to the NRIFC since its inception. Initially, this support included funding research activities; provision of instruments, equipment and supplies; and technical assistance. During the last five to ten years, WHO support has shifted to direct funding of specific studies. Consequently, the quality of work performed in recent years has been affected by instrument and equipment obsolescence and lack of staff training or replacement.

The original Project Paper set out to construct the NRIFC facility, provide two 12-month fellowships, 30 person-months of short-term training, 15 person-months of short-term advisory assistance and a condom testing unit.

In 1981, during the preparation of the Population Welfare Planning Project, the GOP did not request any assistance for the NRIFC which, with the NRIFC, also is responsible for conducting bio-medical and socio-medical research. Following approval of the Project Paper in March 1982 there was a proposal within the GOP to merge NRIFC with the NRIFP at the National Institute of Health facilities in Islamabad. Since the staffing pattern, functional responsibilities and location of the two organizations would be affected, support originally available under the project was under-utilized until the proposal was reviewed and a decision reached.

Progress was quite rapid once a decision was made to keep the institutions separate. A site was selected for construction expected to be completed by fall 1987. A detailed listing of course requirements for short- and long-term training has been prepared and the condom-testing equipment has been installed.

ii. Proposed Assistance

Building on this progress, the amended project will add an estimated \$1.8 million to support the NRIFC in the following project elements:

a) Technical Assistance:

A total of 12 person months of long-term and 15 person months of short-term technical assistance will be financed under this component. A long-term medical technology and laboratory advisor will be provided for one year to assist the NRIFC administrative and research staff establish the bio-sociomedical research facility. Short-term technical assistance will include experts in the fields of data collection, project design, RIA, bio-chemistry, computer programming, histo-pathology, cytology* and social science statistics. The estimated cost of this element is \$500,000.

b) Training:

For NRIFC, the project will finance 48 person months of long-term and 28 person months of short-term training. In 1987-88 one staff member will receive a Ph.D in demography and statistics while two other staff members will receive Masters degrees in clinical pathology and bio-chemistry and endocrinology/radio-immunology assay. Twelve more staff members will attend short courses of one to three months duration in similar and such other fields as project design, contraceptive technology, computer programming, cytology.* All training will be in the U.S. Total training is estimated to cost \$200,000.

* Socio-medical statistics, operational research, and management/supervision

c) Commodities:

Planned financing includes the acquisition of instruments and equipment, chemicals and laboratory supplies; micro computers, including accessories and maintenance; vehicles and maintenance items; and book and journal subscriptions required to equip the completed NRIFC facility at an adequate functioning level. The total cost of commodities to be procured under this component is approximately \$500,000. A illustrative list of these commodities is provided in Annex K.

d) Other Costs:

Half a million dollars of additional funds for the construction of the NRIFC building is planned as a result of construction cost increases attributable to inflation. Apart from this, approximately \$100,000 will fund logistical support for the long-term technical advisor.

b. Reproductive Physiology Research Sub-component: The National Research Institute for Reproductive Physiology (NRIRP)

i. Background

Under a previous name the NRIRP was established in 1969. It is primarily responsible for conducting basic, laboratory type investigations and for developing the technology required to perform these investigations.

The institution is now housed at Pakistan's National Institute of Health. Its objectives are: 1) to undertake basic bio-medical research for developing contraceptives, 2) develop and standardize methods (radio-immune assay and radio-receptor assay) for the determination of sex hormone levels in blood and urine, 3) conduct basic research in reproductive endocrinology as it relates to fertility and infertility and 4) identify indigenous medical plants/prescriptions with potential antifertility properties and determine their efficacy.

The work of NRIRP complements NRIFC research. The latter institute focuses on product testing while the former undertakes biological testing. For example, the NRIRP has radio-immuno assay capability that allows the chemical effects of contraceptive agents to be determined by tracking isotopes through the body. The NRIRP also has the capacity to conduct tests for infertility. A well-rounded family planning program should be able to assist couples not only to reduce or space births but also to have children in the case of infertility.

Currently, the NRIRP aims to improve the quality of its basic reproduction and fertility control research and to expand the scope of research activities. The NRIRP is approved for 25 professional staff positions, all of which are filled.

ii. Proposed Assistance

This will be the first time the NRIRP is funded by A.I.D. Total estimated cost for this sub-component is \$2.0 million.

a) Technical Assistance:

A total of 24 person months of long-term and 21 person months of short-term technical assistance will be provided. Long-term technical assistance will involve two one-year positions for a physician specialized in molecular endocrinology and reproductive endocrinology. Short-term specialists will assist in computerized data management, primate laboratory research, steroid biochemistry and radio-receptor assay. Technical assistance costs are approximately \$800,000.

b) Training:

About 108 person months of long-term and 24 person months of short-term training will be funded. Two key members of the NRIRP will receive Ph.Ds in the reproductive sciences. Three others will obtain M.S. degrees or one-year certificates in reproductive pharmacology, molecular endocrinology and laboratory technology. All training will take place in the U.S. at a total cost of approximately \$300,000. Four other key members of the NRIRP will attend six month training courses in the U.S. in animal and various specialties of reproductive endocrinology.

c) Commodities:

Funds will be provided for commodities, primarily laboratory equipment, chemicals and supplies; microcomputers; and books and journal subscriptions. Full details are attached in Annex K. Total estimated cost is \$800,000.

d) Other Costs:

Estimated funding of \$100,000 will be provided for technical assistance logistics support.

c. Program Monitoring and Statistical Research

Sub-component: The Monitoring and Statistics Wing (M&S) of the PWD

i. Background

The Monitoring and Statistics Wing (M&S) is responsible for 1) establishing program targets, 2) compiling program statistics, 3) monitoring program performance and 4) managing the Karachi central warehouse and the logistics system. The Monitoring and Statistics Wing's reporting and analysis of program performance is impressive. Data from the 1984 Contraceptive Prevalence Survey (CPS)

will soon be available. The Directorate has also completed a comprehensive and highly informative analysis of the Family Welfare Center Strategy.

Monitoring and statistical research conducted by M&S is the direct link of management to field programs. It tracks and monitors millions of dollars of commodities in the logistics system. This amendment will fund the strengthening of data collection and the monitoring of data on non-commodity variables.

To strengthen commodity data collection, responsibility will be moved from the federal level to the provincial and, to a lesser extent, to the district level. Previously all logistics staff were federal employees. Data was transmitted "blindly" to Islamabad for analysis. Islamabad implemented decisions at the provincial and district levels based on that data. Now, under the "provincialization" policy, provincial and district level employees will report to the provincial governments. Provincial and district operations will have their own data analysis capability and will be consumers of data rather than simply suppliers. This will provide a greater incentive than before for staff to provide accurate and reliable data.

Non-commodity variables which may have an impact on fertility reduction will be monitored. For example, Family Welfare Centers (FWC) were intended to serve 20,000 to 25,000 people. A general data management program will seek answers to such questions as: How many people do the FWCs actually serve? What sort of the people are served? What is their proximity to the center, age, number of children, and other related information?

ii. Proposed Assistance

The Monitoring and Statistics Wing is receiving support for the first time under the amended project. Total funding for M&S is about \$1.2 million.

a) Technical Assistance:

One short term technical consultant will assist for four months in the evaluation of the capabilities of the national family planning program to implement and manage the monitoring and evaluation system of the entire program. This evaluation is to assess the usefulness of information gathered for the needs of management. The evaluation will cover but is not limited to, such areas of program activity as the family welfare centers, voluntary surgical contraception activities, manpower training and all the support projects envisaged in the Population Welfare Plan. Total cost will be \$70,000.

b) Training:

A total of 54 person months of long-term training will be financed to send three M&S personnel to the U.S. for one

and half years of training each. They are expected to earn masters degrees in the areas of economics, statistics, and demography. In addition funding is available for 124 person months at four to six month courses in the U.S. for up to 26 participants in specializations such as social statistics and sampling, data processing and analysis, monitoring/evaluation of social programs and demographic methods. The project provides in-country training and regional observation trips, primarily to strengthen the capacity of federal and provincial staff to collect and use service statistics and monitor programs. The total cost of training for this component is \$700,000.

c) Commodities:

A total of \$70,000 is planned to finance micro-computers, photocopiers, and supplies for each of four provincial population offices. An illustrative list of expenditures is attached in Annex K.

d) Other Costs:

The Amendment will fund at least four program monitoring studies and the salary and local travel costs of four to five additional staff persons in each province required to implement routine monitoring of program performance. Annex L includes an illustrative list of the type of studies to be financed. Total funding of other costs is \$360,000.

2. Component 2: Contraceptive Supplies and Logistics Support

a. Background

Approximately 80 percent of the funds committed under the original project were for contraceptive supplies. The amended project will provide additional funds for contraceptives (mainly condoms, oral contraceptives, and IUDs) sufficient to meet the needs of the Population Welfare Program through the end of FY 1989. Projections of need have been made through GOP Fiscal Year 1988/89 based upon current contraceptive demand, contraceptive demand trends and PWD plans for expansion. The projections are designed to leave approximately one-year's supply in-country at the end of the project period as a buffer to assure smooth operation of the logistics system.

Family Welfare Centers are the key service outlet facilities for distribution of contraceptives. They not only dispense directly to users but also supply nearby retail outlets (approximately 20 outlets per FWC). The current PWD target is to have 1,250 FWCs operational. About 50 FWCs, mostly in rural areas, are currently not operating due to lack of suitable physical facilities, and lack of trained personnel. However, by the end of 1986, all 1,250 sites should be operational.

A new initiative to provide family planning services through Health Department outlets will also increase the service delivery capacity. The current plan calls for providing contraceptives and training for clinic

staff in the Punjab. By mid-1986, pilot implementation of this activity will be carried out in 700 to 1,000 clinics. Full implementation in approximately 4,000 clinics in the Punjab will be completed by the end of 1987. Other provinces are expected to initiate similar efforts during the life of the project.

The Population Welfare Division is also expanding distribution of contraceptives through district distribution points, hakeems and target group institutions which employ large numbers. This effort's major effect will be to increase distribution of condoms and, to some extent, oral contraceptives. Demand projections are based on the following assumptions concerning each method of contraception:

i. Condoms:

The use of condoms substantially exceeded projections in the original Project Paper. After some recent broad fluctuations in offtake, the current demand seems to have settled at about 7.5 million pieces per month. Because of the popularity of this method in Pakistan and expansion plans of the PWD, it has been assumed that demand will increase by 20% in each of the next two years (86/87 and 87/88), followed by 10% in the following years.

ii. Oral Contraceptives:

The actual use of pills has been a small fraction of the original projections. However, offtake increased by 23% in 1985 over 1984. Projections assume that use of this method will increase from the current demand of approximately 100,000 cycles per month by 20% in each of the next two years, followed by moderate yearly increases.

iii. Intra-Uterine Devices (IUDs)

The program is currently using the Lippes Loop IUD. Actual demand has substantially increased each year, exceeding original projections. Most researchers and clinicians consider the type of IUD to be supplied in this project--the Copper-T-- to be a superior device. Field visits during 1984 and 1985 have indicated substantial unmet demand for the Copper-T. Once existing supplies have been issued to the clinics, the Copper-T will gradually supplant the Lippes Loop as the program's IUD of choice. However, the Lippes Loop will probably continue to be preferred by some clinicians. Projections were based on continuing expansion of demand for IUDs above the current 20,000 cases per month.

Detailed contraceptive need projections are provided in Annex F.

b. Proposed Assistance

i. Technical Assistance:

A total of five person months of technical

assistance will be added to this component. Short-term technical assistance will help design and present a logistic training program for district officers, provincial officers and FWC staff. The project will also finance technical assistance to evaluate the impact of logistics system training. Total technical assistance cost under this component is estimated at \$100,000.

ii. Training:

Two members of the national contraceptive logistics system will be sent to the U.S. for two weeks each for consultation at AID/Washington on contraception need projection techniques and at the Center for Disease Control in Atlanta, Georgia, on the contraceptive logistics system and on the use of the operational manual prepared under the current project. Regional logistics management workshops will be attended by two participants for three weeks each probably by M&S Wing managers or provincial logistic managers to upgrade their knowledge in logistics management and commodity inventory. In-country workshops and seminars ranging from two to three days will reach an estimated 2,800 people. These seminars will teach officers such as statistical assistants, district store keepers, supervisory staff from provincial offices, family welfare workers or their supply assistants how to conduct inventory, account for and handle supplies. All training in commodity management and logistics is estimated to cost \$100,000.

iii. Commodities

This Amendment provides \$9.5 million in additional funding for the procurement of condoms (\$7.2 million), oral contraceptives (\$700,000) and IUDs (\$1.6 million).

The following table shows funding of contraceptive supplies from the inception of the project in March, 1982 to its new PACD of August 30, 1989.

Table 8
Contraceptives Supplies Funding
(\$ Millions)

Original PP obligation	20.7
FY 1984 Amendment	14.4
FY 1986 Amendment	<u>9.5</u>
LOP funding	<u>44.6</u>

3. Component 3: Voluntary Surgical Contraception (VSC)

a. Background

Public and private centers providing surgical contraceptive services have increased from 52 in 1982 to 107 centers in 1985. Voluntary surgical sterilizations (VSC) performed have increased from 1,560 in 1982 to an estimated level of nearly 50,000 cases in 1985.

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GOP and NGO program personnel believe there exists a substantial latent demand for VSC. There are a number of reasons to confirm this belief. First, the general "birthing" norm in South Asia consists of rapid and frequent births soon after marriage. Once the desired family size is obtained however, many couples seek permanently to prevent further births. Second, evidence from travelling VSC units indicate that demand is increasing. For example, traveling units often get over 100% more requests for VSC operations than they anticipated. Third, Pakistan has the lowest VSC prevalence rates of all South Asian countries. Fourth, the Pakistan Fertility Survey of 1975-76 indicated that the desired family size was less than the average actual family size. Finally, given Pakistan's impressive economic growth rate, some strata of the population may have reached a level of socio-economic development that allows household heads no longer to perceive family size as a source of income but as a source of expenditure. Consequently the PWD places high priority on expanding the availability of quality VSC services.

In June 1985, the GOP prepared an internal planning document which elaborates the following three-pronged approach:

i. Expansion of the number of "A" Centers from 24 to 35 Centers. "A" centers are located in teaching and/or large urban hospitals. Their operating room space is devoted to voluntary surgical contraception. The PWD provides financing for renovations, staff, equipment and transportation.

ii. Expansion of the number of "B" Centers from 58 to 125. "B" centers are usually situated in district or sometimes tehsil-level (sub-district) hospitals. Activities are financed through an agreement, signed with the hospital, whereby the costs of providing the services are reimbursed by the PWD.

iii. Increase the number of extension service units from 6 to 20. These mobile units are attached to the "A" centers, although all of the required staff, equipment, and transportation are financed separately.

Both the GOP and NGO's (especially the Family Planning Association of Pakistan) will be involved in implementing the expanded VSC program. AID's contribution will finance institutional reimbursements for GOP-approved outlets.

b. Proposed Assistance

The total cost of this component is \$5.1 million dollars. This is the first time AID is funding this activity.

i. Technical Assistance

Twenty-four person months of long term technical assistance will be provided at a cost of for a VSC program specialist to

assist in implementation of the program. Eight person months of short-term technical assistance will be provided through an AID Cooperating Agency Agreement to train center staff in VSC techniques and conduct an evaluation of the service delivery quality once in full operation. Total cost will be \$700,000.

ii. Training

A total of 24 person months of short term training will be provided at a cost of \$100,000. One month courses in surgical contraception techniques and supervision and monitoring techniques will be offered to 24 staffers working in "A" Centers, "B" Centers and mobile extension service units. Half the training will take place in the U.S. while the other half will be in the Asian region.

iii. Institutional Reimbursement

Institutional reimbursement through the PWD will total \$4.3 million. This will finance over 200,000 cases of voluntary surgical contraception projected over the next three years. AID will reimburse VSC service centers and mobile units through the PWD at the rate of \$8.45 for an "A" Center, \$14.77 for a "B" Center and \$12.57 for mobile extension service units. A table shows cost composition in Section I.E.2.b and a discussion of these costs is provided in Section IV E.2.b of of this amendment. In concert with the proposed AID assistance, the UNFPA will continue to finance institutional reimbursements, training, and the laparoscope repair and maintenance facility, although the total level of UNFPA funding will be substantially less than originally anticipated.

A discussion of the procedures used for implementation and financing is provided in Section IV.E.1 of this amendment.

4. Component 4: Support to Non-Governmental Organizations (NGOs)

a. Background

The Population Welfare Plan acknowledges limits to the growth of publically administered contraceptive services outlets. The plan calls for using as many other channels as possible, including well established NGOs. The GOP is encouraging these organizations to offer more family planning services among the other services they currently provide. NGOs are expected to operate swiftly, unhampered by bureaucratic constraints and political pressures. GOP efforts to facilitate the flow of donor resources to indigenous NGOs is particularly encouraging. The creation of the national Non-Governmental Coordinating Council (NGOCC) is an important step towards institutionalizing the role of NGOs in family planning. In recognition of the need to increase NGO involvement, the GOP allocated \$283,000 and \$692,000 in 1984/85 and 1985/86 respectively for this purpose. These funds have been channelled through the NGOCC, which to date has approved over 50 projects totalling over \$944,000. These projects have resulted in the addition of nearly 300 new outlets for family planning services.

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b. Proposed AID Assistance

Total cost of this component is approximately \$3.8 million. Assistance will be provided in two district areas: assistance to non-governmental organizations for general family planning service projects and support to NGOs for voluntary surgical contraception. This is the first time AID is funding this component.

1. Technical Assistance

a) General Family Planning Service Projects

Sixteen person months of short-term technical assistance will be financed for a total of \$300,000. An AID cooperating Agency will provide assistance to the NGOCC in staff development and training, the design and implementation of approximately 15 innovative family planning projects and the conduct of interim project evaluations and project revisions, if necessary.

b) Support to NGOs for Voluntary Surgical Contraception

Ten person months of short-term technical assistance, costing \$200,000, will be provided by an AID Cooperating Agency to assist in establishing a supervision and monitoring system and assure service delivery.

2. Training

a) General Family Planning Service Projects

A total of \$200,000 will finance short-term training for NGOCC and NGO personnel in the areas of project design and evaluation, community-based family planning services, family planning, planning informational, educational and communication materials and other related areas. A total of 36 person months of training will take place in the U.S. and 16 person months in Asia. Persons trained in the U.S. will play a key role in training others upon their return to Pakistan.

b) Support to NGOs for VSC

Total training will cost \$100,000 and will be devoted to developing skills required by the supervision and monitoring system and in surgical techniques. Fifteen person months will be conducted in the U.S. and five person months will take place in the Asia region.

3. Other Costs

a) For General Service

i) Performance Based Disbursement

Disbursements for planned activities will be based upon the NGOCC's progress in achieving major performance objectives indicators to expand the level of NGO family planning involvement. These indicators mark successive steps in the development of the institutional capability to support NGO Family Planning Projects.

The performance based disbursement will total \$810,000 and will be provided in three successive tranches: \$210,000, \$300,000 and \$300,000. The performance standards for the three tranches are described in detail in Section IV.E.2. Based on discussions with the GOP, it is expected that these funds will be generally utilized by the GOP in the following activities:

a) Upgrading of NGOCC, including the continuation of the FPIA Project	US \$300,000
b) General NGOCC Projects	US \$250,000
c) In-country VSC workshops	US \$120,000
d) General In-country Training Workshops on Management and Family Planning	<u>US \$140,000</u>
Total	<u>US \$810,000</u>

ii) Non-Performance Based Disbursement

In addition to the \$810,000 provided for performance based activities USAID will provide \$350,000 to finance projects where USAID will participate in parallel with the NGOCC in identification, design, monitoring and evaluation. By selective participation in specific projects, USAID will be able to determine at the ground level if activities funded through the NGOCC are proceeding satisfactorily. This 'ground proofing' may also allow USAID the opportunity to assist the GOP to reach performance objectives required for disbursement.

b) Support to NGOs for VSC

A.I.D. will provide up to \$1,200,000 to local NGOs and an appropriate USAID cooperating Agency (such as AVCS) to establish two voluntary sterilization training centers for training physicians and support staff. Funds will pay for salaries, operating costs, training, the local purchase of equipment, informational and educational materials and the cost of performing voluntary sterilization services. A detailed cost estimate for one training center is provided in Annex M.

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A.I.D. will also fund through a buy-in with a cooperating agency some \$600,000 for NGOs to include voluntary surgical contraception services in fifteen NGO family planning service sites. Services will focus on dissemination of information, promotion of vasectomies and delivery of quality services.

5. Component 5: District Operations

a. Background

The District Population Welfare Offices (DPWOs) are the backbone of the Government Population Welfare Planning activity in Pakistan. The Family Welfare Center (FWC) is the largest activity in the FWP Plan and provides family planning services to the widest range of population. The majority of the existing 1250 FWCs are located in the villages and remote areas, often at great distances from the District Office. In view of the large number of the FWCs and also due to their distances from the District office, the DPWOs are often not able to provide the desired support, guidance and supervision. To fill this administrative and supervisory gap, the Population Welfare Division proposes to experiment with opening a sub-district office at the Tehsil level. The proposed experimentation will contribute to the development of the future strategy and direction of the district and FWC management. AID, at the request of the GOP, proposes to finance independently this new experimental activity. AID assistance will supplement and augment the efforts of UNFPA, CIDA and World Bank financing of 20 District offices.

The hypothesis of the experiment is that if a new intermediary level of supervision were created at the tehsil level, much closer to the villages where FWCs operate, increases in FWC performance and contraceptive distribution through surrounding non-FWC outlets would be significant and cost effective. Consequently the GOP proposes to establish tehsil level units throughout the province of Punjab, on a pilot basis, and, assuming their success, institute these units nation-wide.

Tehsil units, as intermediaries between the village and the district levels, would perform two types of functions: First, on the village level, they would supervise the FWC staff and provide support where skills are now lacking, for example, motivating community support and participation, responding to local community needs, coordinating community support and supporting family-planning services among surrounding non-FWC outlets. Second, for the district level, they would fill the "management gap" between the small number of district level Population Officers and the large number of FWC staff they are required to supervise. For example, the tehsil unit would assure the implementation of policy directives at the village, improve FWC staff skill through on-the-job training, and organize client motivation efforts. In effect they would make the management of the FWCs at the district level a manageable task.

The three major criteria used to determine the success of the component will be 1) the level of contraceptives distributed to clients through FWCs and non-FWC outlets, 2) the number of non-FWC outlet new starts and 3) qualitative improvements in FWC management revealed by interviews with its staff. Evaluation of this activity will be conducted by the Monitoring and Statistics Wing of the PWD and the National Institute for Population Studies, as well as by AID formal evaluations and field trips.

b. Proposed Assistance

The total cost of the component will be approximately \$1.1 million, of which \$665,000 will finance 89 tehsil units in the Punjab and \$435,000 will finance about 100 tehsil units in the remaining provinces of Pakistan. AID will provide a fixed amount for each unit established equivalent to the estimated yearly budget of the unit based on the performance of the GOP to put into place the required human and physical inputs. AID financing provides an incentive for early start ups and is designed to assist the GOP in overcoming the initial financial obstacle required for start up. Full details of the financial mechanism used are included in Section IV.E.3.

6. Component 6: Mass Media Campaign

The sixth component goes beyond the population of current acceptors and aims to reach individuals with a potential, latent need for contraceptive goods and services. It finances activities related to transmitting messages through the mass information channels such as T.V., radio and the press.

a. Background:

In April 1985, the GOP launched an extensive mass media campaign after several years of not using mass media for population program publicity. Cautiously designed to avoid perceived sensitivities and carefully observed to ascertain if it would provoke adverse reactions, this bold initiative has been generally accepted. The first campaign contained themes focused on the determinants of fertility, e.g., "marriage at later age", "importance of female education" and "parental responsibilities."

Heartened by the lack of adverse reaction and encouraged by the potential of mass media use for regular population program messages, GOP initiated a second, more direct, campaign in November, 1985. The second campaign clearly presented the concept of a two-child family as the ideal family size. Both campaigns used newspapers, radio and television and were developed by private advertising companies under the direct supervision of the GOP.

A number of areas for improvement in effective mass media use can be extracted from these two initiatives. For example: 1) target audience research is needed on a regular basis to develop new messages and evaluate the impact of existing media spots; 2) the involvement of only

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one advertising company at any given time is the best way to achieve a consistent approach and complementary message mix; (3) private sector expertise is most efficiently tapped when the contracted advertising company has the responsibility of defining message content, based on research results, for new campaigns which are proposed; and (4) an intermediary, such as the National Development Finance Corporation (NDFC), is needed to establish regular working relations with the private sector, attract the widest spectrum of talent from the private sector, to coordinate contracts for research and advertising, and to manage the day-to-day work of private sector organizations.

PWD is continuing this exciting new initiative and is striving to develop the use of mass media further. To assist the PWD in this effort, this component will develop a systematized approach to mass media use by involving the private sector.

The approach will include the following steps: 1) The selected advertising company and market research firm will cooperate to design and undertake target-audience research. 2) On the basis of research results, the advertising company (with technical assistance, if necessary) will develop a media strategy and define the message designed to reach various segments of the target audience. 3) This media strategy or plan will be presented through NDFC to PWD for review and approval. 4) Once approved by PWD, the selected advertising company will implement the plan and directly manage all media spots for a one-year period. 5) During the implementation year of any given media plan, NDFC, the market research firm and the advertising company will assess the actual impact of the media spots on the intended audience through research and the analysis of research results. 6) These analyses will be made available to PWD and utilized in the development of the next year's media plan.

b. Proposed Assistance

This will be the first AID funding of this activity. Total costs are estimated at \$5.7 million.

i. Technical Assistance

The Amendment provides funds for nine person months of expatriate short-term technical expertise in population communication through the mass media. This technical assistance at a cost of \$200,000 will be provided to PWD, NDFC, the market research firm and the advertising company.

ii. Other Costs

The bulk of the funds available in this component, or about \$5.5 million will be broken down into four areas as illustrated below:

a) Market Research:

Given the cultural and socio-economic diversity

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of Pakistan, a multi-faceted communications strategy will be necessary, and the family planning-related concerns of potential clients must be identified. USAID will support quantitative and qualitative research studies (e.g., market research and focus group research) to identify important beliefs and attitudes regarding childbearing, to assess the effectiveness of current family planning messages (and media), and to identify potentially effective messages (and media) for different segments of the population. Such studies may, for example, indicate that effective family planning message may be different for urban couples than for rural couples.

b) Field Testing and Implementation:

Potentially effective messages for various segments of the population will be field tested. Testing will involve preparing and implementing on a limited scale family planning messages for various media and segments of the population and small-scale qualitative market studies to measure the effectiveness of the messages. Based on these field tests a full-scale communications strategy will be implemented using specific messages designed to reach various segments of the population. Cost is approximately \$230,000.

c) Media Campaigns:

Three years of media campaigns will be financed by the amendment at a total cost of \$5.23 million. These costs will include television time (\$2,750,000), radio time (\$1,580,000), newspaper space (\$325,000) and the production of films (\$250,000) and other printed materials (\$325,000).

d) Evaluation:

After approximately one year of operation, the mass media/marketing campaign will be evaluated to assess the appropriateness and effectiveness of the campaign in changes in knowledge, attitudes, and family planning practice.

c. Implementation Mechanisms

To tap fully the private-sector talent available for this important undertaking, the Mass Media Campaign implementation will resemble the implementation of the Social Marketing of Contraceptives (SMC) Project. Accordingly, the advertising company and market research firm will be obtained through a host-country contract while payment of vouchers for services under these contracts will be submitted through NDPC to AID for payment directly to the firms involved. The Mass Media Campaign, as in the SMC Project, will obtain optimal private sector performance by giving them operational autonomy in media plan development and, once approved by PWD, in the day-to-day plan implementation.

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F. Component 7: Mid-Level Management Training

a. Background

The PWD has lost many of its trained people in technical specialties which lead to management positions through retirement and transfer to other sectors of public service. Efforts to replace them have not been successful. Consequently the program today suffers from a tremendous deficiency in trained demographers, statisticians, physicians, social scientists, IEC specialists and trainers. Since the mid 1970's, the program has lacked an effective replacement of technical expertise. This component is directed toward the development of future managerial staff.

b. Proposed Assistance

The Amendment will fund 96 person months of long-term training in the fields of population education; program planning, management and evaluation; program operations management; sociology and demography for mid-level managers not identified in other components. The total cost of long-term training is estimated at \$300,000.

Short-term training for a total of 54 person months will also be funded. Planned training is in the areas of program planning, program evaluation, community participation, community-based distribution, financial management, social planning, analytical skills development, curriculum development and population education. Study and observation tours in the U.S. and third countries are planned to expose program personnel to new developments in their respective fields. Total cost of short term training is \$300,000.

IV. IMPLEMENTATION PLAN

The discussion that follows is illustrative only. Quantities and modes of implementation will change as conditions warrant.

A. Implementation Schedule

The Project Amendment will be implemented over three and a quarter years. Implementation will begin with Amendment approval, approximately by July 1986 or the fourth quarter of the fiscal year, and continue to the extended PACD, September 30, 1989. The bar charts and text that follow indicate for each component the timing of inputs. See Annex N for graphic presentations of scheduled expenditures, delivery of inputs, and achievement of outputs.

1. Component 1: Program Monitoring, Research and Evaluation

a. Fertility Control Research: NRIFC

Construction will begin by July 1987 and be completed by December 1988. A consultant will finalize specifications for instruments and equipment, chemicals, supplies and vehicles during October 1986. These will be ordered for arrival after NRIFC building construction is completed. A Long-term medical technology and laboratory advisor will arrive in July 1988 to assist in the start-up of the up-graded Institute. Long-term training will take place from January 1986 to December 1988.

b. Reproductive Physiology Research: NRIRP

Specifications for commodities will be finalized as soon as possible after amendment approval, probably October 1986, and will be ordered in November 1986. Locally procured supplies and chemicals will be available around March 1987, and instruments and equipment will arrive around May 1987. Long-term technical assistance will arrive in October 1986 prior to the arrival, unpackaging, installation and start-up of physical inputs into the Institute's program. Long-term training will occur from October 1986 to September 1989.

c. Program Monitoring and Statistics Research

Long-term and short-term training will begin soon after the approval of the amendment. The first Masters degree student will begin in January 1987, the second in the fall of '87 and the third in January of 1988. In-country training and systems orientation workshops will occur intermittently throughout fiscal years '88 and '89. Computers and photocopiers will be ordered in October 1986. Finally the evaluation of the monitoring system will be carried out by a short-term technical assistant for four months beginning in March 1989.

2. Component 2: Contraceptive Supplies and Logistic Support

Pre-implementation activities included the initial

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ACTIVITY	1986												1987												1988												1989											
	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9									
Component 1: Program Monitoring, Search & Evaluation																																																
NRIPC																																																
1. Technical Assistance																																																
L/T: Medical Tech./Lab. Advisor 12 PM [.....]																																															
S/T: Data Collection/Proj Design 1 PM [.....]																																															
RIA Technology 1 PM [.....]																																															
Bio-chemistry 1 PM [.....]																																															
Computer Programming 3 PM [.....]																																															
Histo-Pathology 3 PM [.....]																																															
Soc. Sci. Stats. 3 PM [.....]																																															
Cytology 3 PM [.....]																																															
2. Training																																																
L/T: Demogr & Stats (PhD.) 24 PM [.....]																																															
Clin. Pathology & Bio-Chem. 12 PM [.....]																																															
Endoc. RIA 12 PM [.....]																																															
S/T: Proj. Design 2 PM [.....]																																															
RIA 3 PM [.....]																																															
Contraceptive Tech. 1 PM [.....]																																															
Mngmt/Supervision 1 PM [.....]																																															
Chemical Bioch/Med.Tech 3 PM [.....]																																															
Computer Programming 3 PM [.....]																																															
Clin. Pathology/Cytology 3 PM [.....]																																															
Op. Field Research 6 PM [.....]																																															
Socio-med. Stats 6 PM [.....]																																															
3. Commodities																																																
Chemicals & Supplies [.....]																																															
Inst. & Equipment [.....]																																															
Micro Computers [.....]																																															
Library Acquisitions [.....]																																															
4. Construction																																																
Construction [.....]																																															
NRIRP																																																
1. Technical Assistance																																																
L/T: Repro. Endocrinologist 12 PM [.....]																																															
Mole. Endocrinologist 12 PM [.....]																																															
S/T: Computer Spec. 3 PM [.....]																																															
Private Lab. Spec. 6 PM [.....]																																															
Steroid Biochemist 6 PM [.....]																																															
RRA 6 PM [.....]																																															
2. Training																																																
L/T: Repro. Endocrinology (PhD) 36 PM [.....]																																															
Bio-chem./Immunology (PhD) 36 PM [.....]																																															
Repro. Pharm. 12 PM [.....]																																															
Lab. Tech. 12 PM [.....]																																															
Molecular Endoc. 12 PM [.....]																																															
S/T: Repro. Endoc./Antib 6 PM [.....]																																															
Repro. Endoc/Radio 6 PM [.....]																																															
Animal Husbandry 6 PM [.....]																																															
Repro. Endoc/Immuno. 6 PM [.....]																																															

Summary Illustrative Implementation Schedule

Table 9

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ACTIVITY	1986												1987												1988												1989											
	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9									
Component 5: District Operations																																																
1. Performance Based Financing																																																
Procedures PIL	[=====]																																															
Punjab Tehsil Units established (89)	[-----]																																															
Tehsil Units established other provinces (100)	[-----]																																															
Evaluations	[=====]																																															
Spot Monitoring GOP&USAID	[=====]																																															
Component 6: Mass Media																																																
1. T.A.																																																
S/T: Mkt.Res.Design	4 PM [=====]																																															
Media Campaign Design	4 PM [=====]																																															
Eval. Spec.	1 PM [=====]																																															
2. Other Costs																																																
Market Research & Testing	[=====]																																															
Mass Media (TV, Radio, Press)	[=====]																																															
Production of Films	[=====]																																															
Publication Materials	[=====]																																															
Project Evaluation																																																
Interim Evaluation	[=====]																																															
Impact Evaluation	[=====]																																															
Component 7: Mid-Level Management Trg.																																																
LT: Pop. Education	12 PM [=====]																																															
Progr. Policy, Planning and Management	12 PM [=====]																																															
Prog. Op. Management	24 PM [=====]																																															
Sociology	24 PM [=====]																																															
Demography (Prov. Officer)	24 PM [=====]																																															
ST: Program Planning	5 PM [=====]																																															
Program Evaluation	9 PM [=====]																																															
Community Participation	10 PM [=====]																																															
Financial Management	6 PM [=====]																																															
Social Planning	4 PM [=====]																																															
Analytical Skill Dev.	4 PM [=====]																																															
Curriculum Dev. (PP Edu)	4 PM [=====]																																															
Population Education	4 PM [=====]																																															

Key
Symbol **Indicates**
 Time preceding an event
 [=====] Duration of event or period of activity
 o=====x Duration between ordering and delivery of commodities

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distribution of Copper-T IUDs in January 1986 and the approval of the Logistics Manual in June 1986. The period for ordering and the arrival of contraceptive supplies will extend over fiscal years 1987 and 1988. The short-term consultant for the logistics training design and initial presentation is scheduled for three months as soon as funds become available. Short-term technical assistance will begin in October 1987 to assess the impact of Logistics Training for five months.

3. Component 3: Voluntary Surgical Contraception (VSC)

PWD and USAID review and determination of the procedures to be followed for reimbursement will begin at the time of the Amendment approval and end by November 1986. USAID/Pakistan will issue the PIL detailing these procedures by December 1986. Local NGOs, AVS, and JHPIEGO will prepare and complete training and technical support plans by December 1986. PWD, NGOs and A.I.D. will conduct the first semi-annual implementation review by June, 1987.

4. Component 4: Support to Non-governmental Organizations

Technical assistance for planning NGO projects and advising on VSC techniques will be provided intermittently over the life of the extended project. The fifteen general NGO projects, and the fifteen VSC projects will initiate activities around January 1987. The first and second model training centers for VSC will begin in October 1986 and July 1987 respectively.

5. Component 5: Support to District Operations

Following amendment approval, a project implementation letter will delineate in full detail the disbursement procedures along the lines of those described in Section IV.E.3, Methods of Implementation and Financing. The establishment of the first 89 tehsil units in Punjab province will begin in FY 1987. They will be monitored continually and evaluated twice over the first year. Assuming their success, the establishment of the second 100 tehsil units in the remaining provinces will take place in FY 1988 or 1989. GOP and USAID spot checking will be continual over the three years of financing. Evaluations will take place every six months over the same time period.

Component 6: Mass Media Campaign

Market research will be conducted annually. Media and campaign design and field testing will follow the research activity. About mid-course, January 1988, an evaluation will be conducted. Financing for mass media coverage, publications and film production will be provided throughout the life of the project.

Component 7: Mid-level Management Training

The GOP has prepared a tentative detailed training plan, which

is likely to be approved by November 1986. This component will begin as soon as the training plan is approved.

B. Administrative Arrangements

1. A.I.D. Responsibilities

Within USAID, the Office of Health, Population and Nutrition (O/HPN) will assume overall responsibility for managing the Project. The key persons will be the Mission's Population Officer and two senior FSN professionals and the NGO Coordinator for Population. O/HPN will be assisted in contracting and procurement actions by the Mission's Contracts and Commodities section of the Office of Regional Legal Advisor (O/RLA/CC) and Office of Project Development and Monitoring (O/PDM). Construction of the NRIRP building will be supported by the Office of Engineering (O/ENG); financial and disbursement matters, by the Office of Financial Management (O/FM); overseas training activities, by the Office of Human Resources and Training (O/HRT); evaluation, by the Office of Program (O/PRO); local direct procurement, logistical and administrative support activities, by the Office of Management (O/EXO); and legal matters, by the Office of the Regional Legal Advisor (O/RLA).

All of these offices have affirmed their ability to support this project, and, taken together, all of these staff resources are considered adequate to handle USAID/Pakistan's monitoring and administrative responsibilities under this Project Amendment.

2. GOP Responsibilities

The Population Welfare Division (PWD), which is within the Planning and Development Division of the federal Ministry of Planning and Development, will be the GOP implementing agency for the Project Amendment. Responsibility for implementation of the planned activities will be assigned to the officer in-charge of PWD's implementing units as listed below:

<u>Project Sub-component</u>	<u>Implementation Officer</u>
NRIFC	Director, NRIFC, Karachi
NRIRP	Director, NRIRP, Islamabad
NIPS	Chief Executive, NIPS, Islamabad
Monitoring and Statistics	Director General (M&S), PWP, Islamabad
Contraceptive Supplies	Director General (M&S), PWP, Islamabad
Reproductive Health Services	Director General (Technical), PWP
NGO Support	Director, Infrastructure Institutions, PWD, Islamabad

SSP

District Operations	Director-General (Technical), PWD, Islamabad
Mass Media Campaign	Director, Communications, PWD, Islamabad
Mid Level Management Training	Director, Foreign Assistance Directorate, PWD, Islamabad

Collectively, these persons and the organizational entities they represent, will be responsible for (a) ensuring that counterparts are in place for all the technical assistance under the Amendment, (b) procuring all of the equipment and supplies needed for the District Operations component, (c) ensuring that qualified participants are selected for both short- and long-term training planned under the Amendment, (d) monitoring and supervising the construction of the new NRIFC facility and central warehouse financed under the project, and (e) preparing, in consultation with USAID, annual training, technical assistance and commodity procurement plans.

C. Acquisition Plan

1. Technical Assistance

It is probable that all technical assistance will be acquired through buy-ins to existing centrally funded contracts, usually between S&T/POP and contracting organizations. Under these buy-in arrangements, the Mission will simply request specific technical consultants by providing S&T/POP with a scope of work and illustrative budgets for the assistance required. Time between ordering and arrival of expertise can be as little as two months. Technical assistance will be requested in accordance with the sequence of events portrayed in the above bar charts. Technical assistance will cost a total of \$2.7 million.

The Amendment will require a total of 60 person months of long-term technical assistance and 86 person months of short-term technical assistance. The table on the following page provides the details of the proposed technical assistance plan. Technical assistance will be obtained through the following modes:

a. Cooperative Agreement

Long- and short-term technical assistance for the NRIFC, NRIRP and M&S sub-components and the voluntary surgical contraceptive component will be contracted with a private voluntary service organization, probably Family Health International (FHI), obtained through a buy-in to an existing AID/W Cooperative Agreement with this organization. Technical assistance for the mass media campaign component will likely be obtained through a buy-in to a AID/W centrally funded contract with the Johns Hopkins Population Communication Service Project (PCS). These contracting arrangements aim to achieve an institutional relationship (1) to enhance the coordination and integration of the research activities of the four research entities, and (2) to help assure the continuity of professional contacts with the U.S.

Table 10
PROPOSED TECHNICAL ASSISTANCE PLAN

<u>Proposed Amendment Component</u>	<u>Type of Technical Assistance</u>	<u>Potential Source of Technical Assistance</u>	<u>Number of Person-Months</u>	
A. <u>Long-Term Technical Assistance</u>				
<u>Component 1: Program Monitoring, Research & Evaluation</u>				
1.	NRIFC	a. Medical Technology and Laboratory Advisor	Buy-In to AID/W Centrally Funded Contract (FHI possibly) "	12
2.	NRIRP	a. Repro. Endocrinologist	"	12
		b. Molecular Endocrinologist	"	12
<u>Component 3: VSC Program Specialist</u>			"	24
<u>Long-Term T.A. Grand Total</u>			<u>60</u>	
B. <u>Short-term Technical Assistance</u>				
<u>Component 1: Program Monitoring, Research & Evaluation</u>				
1.	NRIFC	a. Data Collection/Proj. Des.	Buy-In to AID/W Centrally Funded Contract (FHI possibly) "	1
		b. RIA Technology	"	1
		c. Bio-Chemistry	"	1
		d. Computer Programming	"	3
		e. Histo-Pathology	"	3
		f. Soc. Sci. Stats.	"	3
		g. Cytology	"	3
2.	NRIRP	a. Computer Specialist	"	3
		b. Primate Lab. Specialist	"	6
		c. Steroid Biochemistry Spec.	"	6
		d. Radio-Receptor Assay Spec.	"	6
3.	M&S*	Data Management Analysis	"	4
			Component 1 Sub Total:	<u>40</u>
<u>Component 2: Contraceptive Supplies & Logistic Support</u>				
		a. Training Design and Presentation	RSSA with CDC	1
		b. Logistics System Review	"	4
			Component 2 Sub Total	<u>5</u>
<u>Component 3: Voluntary Surgical Contraception</u>				
		a. VSC Trainer	AID/W Coop. Agency Ag.	3
		b. VSC Service Delivery	"	2
		c. Service Delivery Eval.	"	1
			Component 3 Sub Total	<u>6</u>
<u>Component 4: Support to NGO Activities</u>				
		a. General Proj. Planners	"	16
		b. VSC Service Delivery Specs.	"	10
			Component 4 Sub Total	<u>26</u>
<u>Component 6: Communication/Mass Media</u>				
		a. Market Research Design	Buy-In to AID/W Centrally Funded Contract (PCS possibly) "	4
		b. Media Campaign Design	"	4
		c. Evaluation Specialist	"	1
			Component 6 Sub-Total	<u>9</u>
<u>Short Term T.A. Grand Total</u>				<u>86</u>

*Monitoring & Statistics (M&S)

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organization and the research endeavor in Pakistan and 3) to provide the vast array of short-term technical expertise which are available from this type of U.S. organization.

b. RSSA

Short-term technical assistance for the Contraceptive Supplies and Logistics Support sub-component will continue to be provided under a S&T/POP-funded RSSA with the Center for Disease Control (CDC) at Atlanta, Georgia. The lack of this type of expertise in the private sector has already been established.

c. Gray Amendment Organization Contracting

Technical Assistance for the support to non-governmental organization component will be acquired through a buy-in to a cooperative agreement most likely with Family Planning International Assistance (FPIA) which is the international wing of the Planned Parenthood Federation of America, a Gray Amendment PVO. The Mission Director's certification that this is the only activity suitable for contracting with Gray Amendment organizations is included in Annex D.

2. Commodities

The Amendment will acquire commodities at a total of \$10.87 million. An illustrative list of all commodities to be procured for each sub-component is attached in Annex K. Procurements will be made by either host country or A.I.D. direct procedures to be determined at the time of finalization of specifications. Scheduling of acquisitions will be in accordance with the sequence of events as is indicated in the bar charts. The table on the following pages summarizes the proposed commodity acquisition plan.

a. Instruments & Equipment, Chemicals & Supplies, and Office Equipment

A consultant will provide specifications to the list of laboratory equipment, instruments, chemicals and supplies required by the NRIFC, the NRIRP and the M & S provided in Annex K. These will be divided into two groups of commodities i.e., locally procured and U.S. procured. Accordingly, they will be procured competitively. Office equipment, specifically Japanese photocopiers, will be procured locally from a single source. Mission market research shows that there are no U.S. manufactured photocopiers that can be maintained adequately in Pakistan.

b. Micro Computers

In order for the proposed micro-computers to be compatible with computers already in operation within the various branches of the Population Welfare Department, IBM PCATs are required.

The Mission will prepare a justification memo for proprietary procurement of these computers. Computers will be procured directly in the U.S. or from the Government Supply Administration (GSA) Schedule. It is probable that two orders will be necessary. Computers for the NRIFP and M&S will be ordered soon after amendment approval, however, computers for the NRIFC will be ordered to arrive after completion of laboratory building construction, but before the arrival of computer programming technical assistance and training events.

c. Books and Periodicals

Books, periodicals and other acquisitions for the NRIFC library will be ordered by purchase order in the U.S.

d. Contraceptive Commodities

The AID/Washington central procurement mechanism will provide all condoms and oral contraceptives while IUDs will be procured competitively through an IFB.

Table 11

Proposed Commodity Procurement Plan

<u>Project Component</u>	<u>Nature of Acquisition</u>	<u>Source</u>	<u>Method of Procurement</u>
Component 1: Program Monitoring, Research and Evaluation	Inst & Equipment	U.S.	IFB
	Chem & Supplies	Local	RFQ
	Office Equipment	Local	Sole Source
		Dealer	Mission Blanket Waiver
	Micro Computers	U.S.	Proprietary or GSO
	Books & Periodicals	U.S.	Purchase Order or PIO/C AID/W procurement
	T.A. Logistic Support	Local	RFQ
Component 2: Contraceptive Supplies and Logistic Support	Condoms and Oral	U.S.	AID/Washington Central Procurement
	IUDs	U.S.	IFB
		Dealers	Small Value Item Procurements

D. Training Plan

The Project Amendment will provide a total of 306 person months of long-term training in the U.S., 331 person months of short-term training in either the U.S., third countries or in-country and finance in-country and third country workshops and seminars lasting from one to three weeks. Table 12 on the following pages summarizes the proposed training plan.

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Table 12
Proposed Training Plan

<u>Project Component</u> <u>Type of Training</u>	<u>Duration</u> <u>(PM)</u>	<u>Training</u> <u>Site</u>	<u>No. of</u> <u>Participants</u>	<u>Proposed</u> <u>Schedule</u>
A. <u>Long-Term Training</u>				
Component 1. Program Monitoring, Research & Evaluation				
a. NRIFC:				
Demography & Stats (PhD)	24	U.S.	1	1987
Clin. Pathology & Bio-Chem.	12	U.S.	1	1988
Endocrinology RIA	12	U.S.	1	1987
Sub Total	<u>48</u>		<u>3</u>	
b. NRIRP				
Reproductive Endocrinology	36	U.S.	1	1987
Bio-chem/Immunology	36	U.S.	1	1987
Reproductive Pharmacology	12	U.S.	1	1987
Molecular Endocrinology	12	U.S.	1	1987
Laboratory Technology	12	U.S.	1	1989
Sub Total	<u>108</u>		<u>5</u>	
c. Monitoring & Statistics				
Economics (MS)	18	U.S.	1	1987
Statistics (MS)	18	U.S.	1	1988
Demography (MS)	18	U.S.	1	1987
Sub Total	<u>54</u>		<u>3</u>	
Component 7 Mid-Level Management Training				
Program Planning, Management and Evaluation	12		1	1987
	12		1	1988
	12		1	1988
Communications	12		1	1987
	12		1	1988
	12		1	1988
Demography	12		1	1987
	12		1	1988
Sub Total	<u>96</u>		<u>8</u>	
Grand Total Long-Term Training	<u>306</u>		<u>19</u>	
B. <u>Short-Term Training</u>				
Component 1. Program Monitoring, Research & Evaluation				
a. NRIFC:				
Project Design	2	U.S.	2	1987
RIA	3	U.S.	1	1987
Contraceptive Tech.	1	U.S.	1	1987
Mngmt/Supervision	1	U.S.	1	1987
Chemical Bio-Chem/Med Tech	3	U.S.	1	1988
Computer Programming	3	U.S.	1	1988
Clin. Pathology/Cytology	3	U.S.	1	1988
Op. Field Research	6	U.S.	2	1987
Socio-med Stats.	6	U.S.	2	1989
Sub Total	<u>28</u>		<u>12</u>	

<u>Project Component Type of Training</u>	<u>Duration (PM)</u>	<u>Training Site</u>	<u>No. of Participants</u>	<u>Proposed Schedule</u>
b. NRIRP				
Reproductive Endoc/Antib	6	U.S.	1	1987
Reproductive Endoc/Radio	6	U.S.	1	1988
Animal Husbandry	6	U.S.	1	1988
Reproductive Endoc/Immuno	6	U.S.	1	1989
Sub Total	<u>24</u>		<u>4</u>	
c. M&S:				
Sampling Technologies	24	U.S.	4	1987-88
Social Statistics	20	U.S.	5	1986-87
Demography	36	U.S.	6	1987-88
Data Processing	20	U.S.	5	1987
Evaluation	24	U.S.	6	1988
Observational Trip	3	Asia	3	1986
Sub Total	<u>127</u>		<u>29</u>	
Component 2. Contraceptive Supplies & Logistic Support				
Projection & Logistics Techn.	1	U.S.	2	1986
Regional Logistics W/Shop	1	Asia	2	1987
Sub Total	<u>2</u>		<u>4</u>	
Component 3. Voluntary Surgical Contraception				
Surgical Techniques	2	U.S.	2	1987
Service Delivery	2	U.S.	2	1987
Surgical Techniques	2	U.S.	2	1988
Service Delivery	2	U.S.	2	1988
Surgical Techniques	2	U.S.	2	1989
Service Delivery	2	U.S.	2	1989
Service Delivery	2	Asia	2	1986
Surgical Techniques	1	Asia	1	1987
Service Delivery	2	Asia	2	1987
Surgical Techniques	1	Asia	1	1988
Service Delivery	2	Asia	2	1988
Surgical Techniques	2	Asia	2	1989
Service Delivery	2	Asia	2	1989
Sub Total	<u>24</u>		<u>24</u>	
Component 4. Support to Non-governmental Organizations				
a. General				
Project Design, Management and Evaluation	9	U.S.	3	1987
Family Planning IEC	9	U.S.	3	1987
Project Design, Management and Evaluation	9	U.S.	3	1988
Family Planning IEC	3	U.S.	1	1988
Project Design, Management, and Evaluation	3	U.S.	1	1989
Family Planning IEC	3	U.S.	1	1989

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<u>Project Component Type of Training</u>	<u>Duration (PM)</u>	<u>Training Site</u>	<u>No. of Participants</u>	<u>Proposed Schedule</u>
Community-Based Family Planning Services	9	Asia	9	1987
Community-Based Family Planning Services	3	Asia	3	1988
Community-based Family Planning Services	4	Asia	4	1989
Sub Total	52		28	
b. VSC				
Surgical Techniques Service Delivery	4 3	U.S. U.S.	4 3	1987 1987
Surgical Techniques Service Delivery	3 2	U.S. U.S.	3 2	1988 1988
Surgical Techniques Service Delivery	2 1	U.S. U.S.	2 1	1989 1989
Surgical Techniques Service Delivery	1 1	Asia Asia	1 1	1986 1986
Surgical Techniques Service Delivery	1 1	Asia Asia	1 1	1987 1987
Surgical Techniques Service Delivery	1 1	Asia Asia	1 1	1987 1988
Sub Total	20		20	
Component 7. Mid-Level Management Training				
Program Planning	5	U.S.	4	Every year
Program Evaluation	9	U.S.	6	Every year
Community Participation	4	U.S.	4	Every year
Community-based Distribution	6	U.S.	2	86-87
Social Planning	4	U.S.	2	87-88
Analytical Skills Dev:	4	U.S.	4	87 & 89
Population Education	8	U.S.	4	88-89
Curriculum Development	8	U.S.	4	88-89
Sub Total	54		36	
Total Short-Term Training	331		157	
C. <u>Workshop and Seminars</u>				
1. Monitoring and Statistics				
<u>Workshop: In-country</u>				
System Orientation	2 to 3 days	In-country	2,500	1988-89
2. Contraceptive Supplies and Logistics Support				
Logistics Principals and PWD Logistic System	1 to 3 days	Each Province	2,800	Every year
Regional Logistics Manage- ment Workshops	2 wks	Asian Region	2	1987

E. Methods of Implementation and Financing

The table on the following page reviews the methods of implementation and financing planned in the proposed amendment. In accordance with AID's Project Verification Policy Implementation Guidance of December 30, 1983, no departures from the three preferred modes of payment are anticipated. However, details of the procedures the Mission intends to use for institutional reimbursement in the voluntary surgical contraceptive component and for performance financing in the non-governmental organization support and district operations components are provided below.

1. Institutional Reimbursement for VSC

As was seen in Section III under component 3, support for voluntary surgical contraception, A.I.D. will reimburse the cost of voluntary sterilization (VS) services delivery for different types of service outlets at a total cost of \$5.1 million. These programs are already in existence; currently funded jointly by the GOP, NGOs and the UNO and demand for their services has increased dramatically in recent years. A.I.D. reimbursement will be made on a fixed amount basis for each individual voluntary sterilization operation performed.

Procedures assuring the accountability of A.I.D. funding and reimbursing cost on an institutional basis are as follows:

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Table 13
Proposed Methods of Implementation and Financing

Project Component	-----Method of Implementation-----	Method of Financing	Amount (\$ million)
1. Program Monitoring Research & Evaluation	TA-AID/W Centrally-Funded Contract (FHI)	Direct Payment	1.37
	Trg-Local (PIL to earmark funds)	FAR & HC Rmbrsmt.	
	Trg-Overseas - DSTP Contract	Direct Payment	1.2
	- Invitational Travel	"	
	- AID Placement (PIO/P)	"	
	Commodities - AID Procurement	Direct Payment	1.37
	Construction - AID Direct Contract	Direct Payment	.5
	Local Staff for TA-Direct	Direct Payment	.2
Monitoring Studies & Local Staff (PIL)	HC Rmbrsmt.	.36	
2. Contraceptive Supplies & Logistics Support	TA-Existing RSSA with CDC	Direct Payment	.1
	Trg-Local (PIL to earmark funds)	FAR & HC Rmbrsmt.	.1
	Trg-Overseas - DSTP Contract	Direct Payment	
	- Invitational Travel	"	
	- AID Placement (PIO/P)	"	
Contraceptives AID/W Central	Direct Payment	9.5	
3. Voluntary Surgical Contraception	TA-Existing Coop. Agency Agreement	Direct Payment	.7
	Trg-Local (PIL to earmark funds)	FAR & HC Rmbrsmt.	
	Trg-Overseas - DSTP Contract	Direct Payment	.1
	- Invitational Travel	"	
	- AID Placement (PIO/P)	"	
Institutional Reimbursement for VSC	HC Rmbrsmt.	4.3	
4. Support to Non-governmental Organizations	TA-Existing Cooperative Agency	Direct Payment	.5
	Trg-Local (PIL to earmark funds)	FAR & HC Rmbrsmt.	
	Trg-Overseas - DSTP Contract	Direct Payment	.3
	- Invitational Travel	"	
	- AID placement	"	
Performance Financing	Direct Payment	3.0	
5. Support to District Operations	Performance Financing	Direct Payment	1.1
6. Mass Media Campaign	TA-Existing Coop. Agency Agreement	Direct Payment	.2
	Other Costs- Host Country Contract	Direct or HC Rmbrsmt.	5.5
7. Mid-Level Management Training	Trg - Local (PIL to earmark funds)	H.C. Rmbrsmt.	.6
	Trg - Overseas - DSTP Contract	Direct Payment	
	- Invitational Travel	"	
	- AID placement (PIO/P)	"	
Evaluation/Contingency		<u>Total</u>	<u>31.0</u>
		Direct Payment or HC Rmbrsmt.	3.0
		<u>Grand Total</u>	<u>34.0</u>

1) The PWD will be responsible for establishing a record keeping system for each voluntary sterilization service outlet eligible for reimbursement. This system will record, among other data, the AID-approved signed consent form for each voluntary sterilization operation performed. 2) The VSC service outlet will aggregate monthly detailed vouchers for each case and forward them directly to the PWD in Islamabad. 3) Aggregated monthly voucher reports will be checked and consolidated by the Finance Section of the Administrative Wing of PWD and forwarded to USAID. 4) After O/HPN administrative approval and O/FM processing, a check will be issued to the GOP Ministry of Finance with instructions to transfer funds to reimburse the PWD. 5) Periodically the PWD and USAID will engage the services of an independent audit firm to assist in monitoring implementation of the VSC program in the field. The firm shall inspect service facility records and confirm that the signed consent form is being used through mailed questionnaires and random site visits. A random sample of VSC acceptors from each service facility shall be visited or contacted by a mailed questionnaire. These contacts shall be used to verify that services were received and to monitor client perception of service acceptability and quality. 6) Any irregularities will be reviewed and resolved jointly by USAID and the PWD.

2. Performance Financing in Support of the NGO Coordinating Council

As described in Section III.C.4. of this PP, performance based financing will be utilized as a mechanism to develop and reinforce the visible institutional commitment of the NGOCC to its stated objective of expanding the level of NGO Family Planning involvement. The following proposed performance indicators will be set forth in the Agreement or in an early Project Implementation Letter. AID will, however, reserve the right to disburse/reimburse using conventional mechanisms against specific activities (training, NGO projects, etc.) should the performance indicators not be attainable using a performance based approach.

The following proposed performance indicators will be the basis for tranche disbursements:

a. Disbursement Tranche 1:

USAID will disburse US\$ 210,000 to the Grantee for utilization by the NGOCC upon the Grantee, through the NGOCC, providing to AID documentation, in form and substance satisfactory to AID, confirming the following achievements as indicators of the NGOCC's budgetary and institutional commitment and capacity to fulfill its mandate:

- i. Hiring of approximately 4 additional Program Officers;
- ii. Hiring of a Project Director to supervise small grants management;

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- iii. Hiring of a Training Officer;
- iv. NGOCC approval and establishment of a system for identifying eligible grantees;
- v. NGOCC approval and establishment of a system to assist potential grantees in developing proposals;
- vi. NGOCC approval and establishment of a system for evaluating proposals; and
- vii. NGOCC approval and establishment of a system for transferring funds in a timely manner to NGOs for project activities;
- viii. Establishment of a preliminary system for monitoring and evaluating implementation of projects by NGOs.

b. Disbursement Tranche 2:

USAID will disburse US\$ 300,000 to the Grantee for utilization by the NGOCC upon the Grantee, through the NGOCC, providing to AID documentation, in form and substance satisfactory to AID, or AID otherwise confirming the following achievements as indicators of the NGOCC's capacity and institutional commitment and capacity to utilize the persons and systems established under Disbursement Tranche 1:

- i. Satisfactory operation of the NGOCC in identification and implementation of training and financing of NGO projects for a period of not less than six months in accordance with the systems described in Disbursement Tranche 1 for (a) identifying eligible grantees, (b) assisting potential grantees in developing proposals, (c) evaluating NGO proposals and (d) transferring funds in a timely manner to NGOs for project activities.
- ii. NGOCC approval and establishment of a finalized system for monitoring and evaluating implementation of projects by NGO.

c. Disbursement Tranche 3: USAID will disburse US\$ 300,000 to the Grantee for utilization by the NGOCC upon the Grantee, through the NGOCC, providing to AID documentation, in form and substance satisfactory to AID, confirming the following achievements as indicators of the NGOCC's longer term budgetary institutional and programming commitment:

- i. Development of a workplan which adequately addresses, for a future period of not less than two years, the following issues:
 - a) Recurrent cost financing of the NGOCC;
 - b) Improvements and "lessons learned" from activities to date;

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c) Requirements for additional training and the Mechanisms for providing such training in the NGOCC;

d) Requirements for additional training and the mechanism for providing such training to NGOs; and

e) Expansion of NGO activities.

ii) Satisfactory operation of the NGOCC in identification and implementation of training and financing of NGO projects for a period of not less than 18 months in accordance with the systems described in Disbursement Tranche 1 for (a) identifying eligible grantees, (b) assisting potential grantees in developing proposals, (c) evaluating NGO proposals and (d) transferring funds in a timely manner to NGOs for project activities.

As stated earlier, these monies will be used by NGOCC for general upgrade of the NGOCC including continuation of the FPIA Project, general projects to be financed through the NGOCC, in-country USC workshops and general workshops for Management and Family Planning.

In parallel to performance based disbursement to the NGOCC discussed above USAID will provide US\$ 200,000 to finance specific NGO activities approved by the NGOCC and concurred in by USAID. For these limited activities, USAID will participate with the NGOCC in identification, design, monitoring and evaluation. Selective participation in specific projects is intended to provide USAID with a vehicle to "ground proof" NGO activities i.e., to determine at the ground level whether the implementation of these activities are of satisfactory quality. It will also provide the occasion to assist the GOP, if necessary, to reach the performance objectives described above.

Performance indicators will be more specifically set forth in an early Project Implementation Letter. AID will reserve the right, however, to disburse/reimburse in more traditional fashion against specific activities (training, NGO projects, etc.) should the performance objectives not be reached in a timely manner.

3. Performance Financing for District Operations

As described in Section III.C.5, under the District Operations component, AID proposed assistance includes \$1.1 million for the creation of first 89 tehsil units in Punjab and, if performance is satisfactory, 100 more tehsil units throughout Pakistan. In the Punjab AID will pay approximately \$3,800 for each tehsil unit established in the first year of activity, 60% or \$2,400 for each unit established and on-going in the second year and 30% or \$1,300 for each unit established and on-going in the third and final year. The base rate of \$3,800

represents the annual operating cost of one unit and breaks down as follows:

Tehsil Population Welfare Officer (1)	\$1,415
Lower Division Clerk (1)	453
Naib Qasids (Guard) (1)	377
Staff Allowances	536
Operating Expenses	678
Personnel Start-up Costs	341

Grand Total Annual Cost Per Unit \$3,800

Assuming satisfactory results in the Punjab, AID will pay approximately \$4,500 only one time to cover the annual operational costs for each of the 100 tehsil units in all remaining provinces. The \$4,500 base rate represents the same cost as listed above except that a small amount has been budgeted to cover unanticipated costs which will likely be identified during evaluation of the Punjab experience.

Quarterly payments will be based on the number of months each tehsil unit is in full operation since its start up. For example, a tehsil unit established at the beginning of a quarter will result in a payment of \$950 ($\$3,800/12 \times 3$); one established with one month remaining in the quarter will result in a payment of \$317 for that quarter ($\$3,800/12$). A certain allowance for staff absences due to sickness, leave and staff turn-over and retirement will be given. Payment will be based on the performance of the GOP to provide the required inputs and begin the functioning of each unit. Payment verification will be based on the existing PWD internal documentation system. This consists of monthly reports which verify the existence and functioning of each tehsil unit from three points of view: the number of staff present over the month, the amount paid each staff member and staff allowances and physical operational input costs. The payment procedure will consist of the following steps: 1) each tehsil unit will submit the above information to the District Office; 2) the District Population Welfare Officer at the district level will spot check and certify the number of tehsils that are fully staffed and functioning; 3) the district level certification will be forwarded to the Provincial Director General's office where they will be assembled and verified; 4) They will be sent to the Federal office and transmitted to USAID; 5) AID will make disbursement based on this certification for each month of existence of the tehsil unit over the quarter.

In addition to GOP verification and spot checking, Mission staff will also monitor a minimum of ten percent of the tehsil units under operation during any year, on a random sample basis. This is considered sufficient to identify problems as they arise without overburdening Mission staff with monitoring field trips over what they normally would undertake.

F. Evaluation Plan

The interim evaluation described in the PP took place in November 1984 and forms the basis for this project amendment. Since the project completion date is being extended by two years, a second interim evaluation will take the place of the final external "impact evaluation" scheduled for FY 1988 in the original PP. The evaluation will assess progress made in meeting project goals as described in the log frame (see Annex C).

The external evaluation will assess each individual component of the project as described in the PP and project amendment. Component one, program monitoring, research, and evaluation will be of direct relevance in examining the effectiveness of the project as a whole. Remaining components--contraceptive supplies and logistic support, voluntary surgical contraception, support to NGOs, district operations, mass media campaigns, and mid-level management training--will also be examined individually using findings from component one as well as project records and interviews with project personnel. Built-in information gathering devices in individual components (for example, auditing of the voluntary surgical contraception program and surveys used to help guide the media promotion part of the project) will also play an important role in evaluating the project's impact and helping to develop needed changes.

The scope of work and team composition for the external evaluation will be worked out by the Population Welfare Division (PWD) and the Mission approximately three months prior to the evaluation, which will be conducted on the basis of field trips, interviews, and a review of data collected both under the project and by other independent sources. The evaluation team should include a demographer, program analyst, and specialist in applied population research. Efforts will also be made to insure Pakistani representation on the evaluation team. The evaluation will take about three to four weeks to complete. A.I.D., with input from the Mission, will contract for the evaluation team under IQCs or PSCs.

An impact evaluation will be conducted approximately one year after the project assistance completion date and will include, inter alia, an examination of the following: contraceptive usage, fertility trends, population growth rate trends, research quality and utilization, and performance of individuals trained under the A.I.D. project. The evaluation team should include a demographer, statistician, population research analyst, and social scientist. This evaluation will require four to six weeks to complete. Evaluations are expected to cost approximately \$300,000.

V. PROJECT ANALYSES

Since the Amendment further assists the GOP's Population Welfare Plan, much of the analyses contained in the original project paper still remain applicable to the amendment. Some updating of the technical analyses with particular relevance to some of the new components proposed is appropriate.

A. Technical Analysis

1. Project Monitoring, Research and Evaluation

The technical analysis of the original project paper presented a general rationale for supporting research which remains very much valid today. The original project paper provided support to the "population research community" within the Population Welfare Division (PWD). Since the signing of the project agreement, that "research community" has grown and evolved within the GOP. This evolution has resulted in a division of responsibilities for the various member organizations making up PWD's population research capability.

The National Institute of Population Studies (NIPS) has been established and assumed the duties for general socioeconomic/demographic population research. NIPS has replaced what was to be the Population Development Center. The new Monitoring and Statistics Directorate (M&S) has acquired the responsibility for program statistics, monitoring research and applied program operations research. Clinical trials, contraceptive testing, socio-medical research and some applied bio-medical research remains the responsibility of the National Research Institute for Fertility Control (NRIFC). The NRIFC is the new name for the National Institute of Technical Research (NITR) described in the original Project Paper. Lastly, the final new-comer to the set of PWD affiliated research organizations is the National Research Institute for Reproductive Physiology (NRIRP). Housed at the National Institutes of Health in Islamabad, NRIRP is charged with performing basic bio-medical research.

Support under the amendment is designed to enhance the capacity of this evolving population research community to develop greater abilities in each of the specific subject areas while also to engender the complementarity of research available to PWD. For each institute, staff development through training, technical assistance, research equipment and support of some actual research costs remain pressing needs if the research community is to grow and develop.

2. Contraceptive Supplies Logistic Support

This component is simply an extension of the existing component of the same name. Additional funds provide contraceptive commodities for the extended time frame. The commodity mix remains the same except the Copper T IUD will eventually replace the Lippes Loops -- a replacement that represents a technological advancement in IUD design and is consistent with AID's contraceptive procurement plans. The

contraceptive projections used in estimating contraceptive requirements are based on three years of solid off-take data and will be monitored and revised as necessary, according to actual off-takes achieved.

3. Voluntary Surgical Contraception

PWD's surgical contraception efforts are housed in its Reproductive Health Services (RHS) Program. This long-standing program has enjoyed other donor support for several years and has a proven capacity to provide quality surgical contraceptive services. Such services are provided through experienced medical teams and in association with GOP medical facilities.

The high technical level of the surgical contraception performed is demonstrated by the fact that, under a bilateral agreement between Pakistan and the People's Republic of China, Chinese physicians are being trained at specific Pakistan RHS facilities to perform tubal ligations. In the past, AID had helped to develop this impressive technological base through the work of JHPIEGO and others.

4. NGO Support

Before preparing a format to assist the work of the NGO Coordinating Council, the Mission awaited the completion of a full-year of council operations. This period allowed for the definition of operating procedures, the community of participating domestic NGO's, the proposal submission and review process and areas where assistance would be most effective or needed. The year of operations also proved the ability of the Council to organize cooperating NGOs and to establish a viable proposal review and funding process.

Also demonstrated in this early experience was a workable method for the Council and its cooperating NGOs to collaborate with AID-funded cooperating agencies such as FPIA, IPAVSC and Pathfinder. The fact that the Council was able to utilize its entire yearly budget initially granted by the GOP within eight months and obtained an additional budgetary allocation clearly illustrates the Council has an absorptive capacity.

5. District Operations

The district is the organizational unit of government which actually provides the vast majority of all services outlined in the GOPs Population Welfare Program. This critical role for the district has been relatively unchanged for many years and was carried over into the Fifth and Sixth Five Year Plans for Population. Under the original project paper, district operations were actually responsible for most of the implementation of the contraceptive and logistics component. However, contraceptive commodities and a revised logistics reporting system merely fed the service delivery system of the districts.

District-level implementation of the service-delivery mechanisms defined in the Population Welfare Plan has been sufficient to realize a consistent growth in the quantity of services provided. Nevertheless, PWD is seeking ways to improve the extent and quality of service delivery and has a plan for additional inputs to eighteen pilot districts to increase service-delivery. District personnel are generally seasoned veterans of the population welfare program with experience in the local administration of service-delivery. These field staff can utilize this wealth of experience in identifying district specific activities or inputs which could improve community outreach and service delivery coverage.

6. Mass Media

An independent assessment of private sector by Manoff International Inc., indicates that there is an extensive and well-developed advertising industry in Pakistan. There are about 50 advertising agencies in Karachi alone. Market research organizations are not as widely represented, however, the Manoff International assessment identified at least two with the capacity of performing the breadth of audience research envisioned under the mass media component. Therefore, the technical capacity to implement the proposed mass media activities certainly exists in Pakistan's private sector.

The basic mechanism to tap effectively this private-sector expertise also exists in the existing relationship between PWD and the marketing firm in the SMC Project. This method for delegating implementation responsibility of a public activity to the private sector will again be utilized for the mass media component. The SMC format has proven it does work.

7. Mid-Level Management Improvement

The need to improve the technical ability of mid-level program managers is clear. Toward this end, PWD has prepared a draft training plan and will begin identifying suitable candidates for training in specific subject areas which will strengthen the capacity of the Population Welfare Program. Federal PWD and Provincial headquarter staff are fully capable of identifying appropriate candidates for training and in selecting courses of study relevant to the changing needs of the Program.

8. Conclusion

The amendment is judged to be technically feasible, sound and consistent with the technical foundation of the original project paper. The amendment design provides appropriate and sufficient technical assistance and training.

B. Administrative Analysis

1. Administrative Organization Structure

The project paper's analysis of the administrative organization structure remains applicable. The only notable additions are at the federal level. For example, FWD's allied research organizations now also include the National Research Institute of Reproductive Physiology (NRIRP). The other allied research organization, replacing the old Population Development Center, is the National Institute of Population Studies (NIPS). In addition, the National Development Finance Corporation (NDFC) will report to FWD concerning the implementation and monitoring and mass media work conducted in the private sector. The contracted private advertising and market research firms will support to FWD through NDFC.

2. Analysis of Administrative Support

The administrative support described in the original project paper remains essentially unchanged. One modification is that, within the GOP, the population portfolio has been moved from the Office of the President to the Minister for Planning and Development. This portfolio change is consistent with the current policy of the GOP to have all operational portfolios held within the new expanded cabinet. However, top administrative commitment to the population program continues as indicated by repeated endorsements of the program by the new Prime Minister and the priorities ascribed by the Minister of Planning and Development.

C. Social Soundness Analysis

The social soundness analysis in the original PP conducted a complete review of the social context, obstacles to program success from a social science point of view, the social factors influencing fertility, the social soundness of the Population Welfare Plan and the project beneficiaries. It concluded that the project is socially feasible and acceptable and will have a beneficial effect on social factors affecting fertility. The original analysis remains applicable to both the existing project components and the components contained in the amendment.

D. Economic Analysis

The economic analysis in the PP documented the cost effectiveness and cost benefits of averting births and noted that the cost per unit in Pakistan was higher than in other Asian countries but lower than in countries such as Kenya, Ghana, Egypt, Ecuador and Nepal. It concluded that the Population Welfare Plan's potential for both high cost benefit and cost effectiveness ratios is great. This amendment provides increased support to activities identified in that same plan, therefore the economic analysis of the original PP remains applicable.

E. Financial Analysis

1. General

As of March 1986, 52 percent of the previously obligated PWP project funds have been earmarked. The financial status of the four program elements are described in the table below:

Table 14
FWP Project Funding Status
(\$000)

<u>Cost Element</u>	<u>Amount Oblig.</u>	<u>Amount Earmarked</u>	<u>Amount Expended</u>	<u>Amount Available for Earmarking</u>
Tech. Asst.	2,107	211	192	1,896
Training	1,024	80	65	944
Commodities	35,442	20,240	17,940	15,202
Other Costs	1,427	257	213	1,170
TOTAL	40,000	20,788	18,410	19,212

The Amendment will obligate an additional \$34 million for a total life of project funding of \$74 million. The following four summary tables show how additional funds under this Amendment will be distributed.

Table 15 summarizes project costs by project component and source of funding; Table 16, project cost by project element and source of funding; Table 17, AID funding by foreign exchange and local costs; and Table 18, project components by fiscal year and source of funding. Inflation was calculated on the basis of 5 percent compounded annually. A contingency factor of approximately 9% was applied to all costs. Supporting financial tables which provide cost details for each project component are included in Annex M.

TABLE 15

SUMMARY OF A.I.D. FUNDING BY PROJECT COMPONENT,
AND PROJECT ELEMENTS

PROJECT AMENDMENT FUNDING (In \$ 000)

Project Components	A.I.D. Dollar Grant
1. Program Monitoring, Research & Evaluation	
A. NRIFC	
a. Technical Assistance	527
b. Training	248
c. Commodities	451
d. Construction	501
e. Other Costs	51
Sub-Total (NRIFC)	1,778
B. NRIRP	
a. Technical Assistance	824
b. Training	342
c. Commodities	786
d. Other Costs	91
Sub-Total (NRIRP)	2,043
C. M&S	
a. Technical Assistance	71
b. Training	705
c. Commodities	73
d. Other Costs	372
Sub-Total (M&S)	1,221
Sub-Total (Component 1)	5,042
2. Contraceptive Supplies & Logistic Support	
a. Technical Assistance	87
b. Training	102
c. Commodities	9,453
d. Other Costs	0
Sub-Total (Component 2)	9,642

Table 15

Project Components	A.I.D. Dollar Grant
3. Voluntary Surgical Contraception	
a. Technical Assistance	619
b. Training	106
c. Commodities	43
d. Other Costs	4325
Sub-Total (Component 3)	5093
4. Support to NGO Activities	
a. Technical Assistance	505
b. Training	312
c. Commodities	0
d. Other Costs	2986
Sub-Total (Component 4)	3803
5. District Operations	
a. Technical Assistance	0
b. Training	0
c. Commodities	0
d. Other Costs	1186
Sub-Total (Component 5)	1186
6. Communication/Mass Media Campaign	
a. Technical Assistance	188
b. Training	0
c. Commodities	0
d. Other Costs	5455
Sub-Total (Component 6)	5643
7. Mid-Level Management Training	
a. Technical Assistance	0
b. Training	532
c. Commodities	0
d. Other Costs	0
Sub-Total (Component 7)	532

Table 14

Project Components	A.I.D. Dollar Grant
Sub-Total (Components 1 to 7) Evaluation	30,941 300
Total Contingency	31,241 2,759
GRAND TOTAL	34,000

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TABLE 16

SUMMARY OF A.I.D. PROJECT COSTS BY PROJECT ELEMENTS

PROJECT AMENDMENT FUNDING (In \$ 000)

Expense Category	A.I.D. Dollar Grant
1. Technical Assistance	
a. Long Term	1,221
b. Short Term	1,601
Sub-Total	2,822
2. Training	
a. U.S.	
Long Term	689
Short Term	1,439
b. Third Country (Regional)	78
c. In-Country Workshops	140
Sub-Total	2,346
3. Commodities	
a. Contraceptives	9,453
b. Other	1,353
Sub-Total	10,806
4. Construction	501
5. Other Costs	14,466
6. Evaluation	300
Sub-Total	31,241
Contingency	2,759
GRAND TOTAL	34,000

TABLE 17
 SUMMARY OF A.I.D. FUNDING
 BY FOREIGN EXCHANGE (FX) AND LOCAL COSTS (LC)
 PROJECT AMENDMENT FUNDING (In \$ 000)

Expense Category	A.I.D. Grant		Total
	FX	LC	
1. Technical Assistance			
a. Long Term	1,075	146	1,221
b. Short Term	1,302	299	1,601
Sub-Total	2,377	445	2,822
2. Training			
a. U.S.			
Long Term	600	89	689
Short Term	1,094	345	1,439
b. Third Country (Regional)	28	50	78
c. In-Country Workshops	0	140	140
Sub-Total	1,722	624	2,346
3. Commodities			
a. Contraceptives	9,453	0	9,453
b. Other	633	720	1,353
Sub-Total	10,086	720	10,806
4. Construction	0	501	501
5. Other Costs	0	14,466	14,466
6. Evaluation	300	0	300
Sub-Total	14,485	16,756	31,241
Contingency	1,379	1380	2,759
GRAND TOTAL	15,864	18,136	34,000

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TABLE 18
SUMMARY OF A.I.D. FUNDING BY PROJECT ELEMENTS

AND FISCAL YEAR

(In \$ 000)

Expense Category	FISCAL YEARS				
	1986	1987	1988	1989	TOTAL
1. Technical Assistance					
a. Long Term	0	288	363	570	1,221
b. Short Term	54	476	603	470	1,603
Sub-Total	54	764	966	1,040	2,824
2. Training					
a. U.S.					
Long Term	1	177	293	217	688
Short Term	56	535	576	272	1439
b. Third Country (Regional)	14	31	14	18	77
c. In-Country Workshops	15	50	35	40	140
Sub-Total	86	793	918	547	2,344
3. Commodities					
a. Contraceptives	0	6,402	3,351	0	9,453
b. Other	71	583	545	154	1,353
Sub-Total	71	6,685	3,896	154	10,806
4. Construction	501	0	0		501
5. Other Costs	490	4,288	4,571	5,117	14,466
6. Evaluation	0	150	0	150	300
Sub-Total	1,202	12,680	10,351	7,008	31,241
Contingency	56	1,141	932	630	2,759
GRAND TOTAL	1,258	13,821	11,283	7,638	34,000

2. Summary Cost Estimates and Financial Plan

a. AID Funds

The total cost of the project amendment is \$34 million, which includes \$19.65 million in AID ESP funds and \$14.35 million in D.A. funds. The AID grant will fund technical assistance, training, commodities, local staff support, and evaluation.

Of these, the largest budget item is contraceptives, \$9.5 million, which accounts for twenty-eight percent of the grant followed by the mass media campaign, \$5.5 million or 16%, and institutional reimbursement for voluntary surgical sterilization, \$5.1 or 15%.

AID will finance with dollar funds the international travel cost of all participant training up to and including one year. Annex H contains a justification for this signed by the USAID/Pakistan Mission Director which waives the requirement for the host country to cover these costs.

Approximately \$18.1 million or, 53 percent of the amendment total, will be used to finance local costs. These funds will be disbursed in U.S. dollars in order to maximize the balance of payments impact of this program in accordance with the overall objectives of the USG-GOP economics and development assistance program. A FAA Section 612 (b) certification has been signed by the USAID/Pakistan Mission Director and is included in Annex D.

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The project will be incrementally funded. ESF and DA grant obligations are scheduled as follows:

Table 19
Schedule of ESF and DA Obligations
(\$Millions)

	<u>FY 86</u>	<u>FY 87</u>	<u>FY 88</u>	<u>Total</u>
ESF Grant	13.35	-	1.0	14.35
DA Grant	<u>6.5</u>	<u>6.5</u>	<u>6.65</u>	<u>19.65</u>
	19.85	6.5	7.65	34

Recurrent costs have been reduced to a minimum and are within GOP financial capability to sustain after project funding is completed.

b. GOP Funds

GOP will contribute a total of \$71 million dollars, exclusive of all other donors' contributions, to the Population Welfare Plan from 1982 to 1989. The table below compares GOP funding to AID development assistance funding of the PWP Plan from its inception to the amended PACD.

Table 20
Host Country Contribution
Compared to AID Development Assistance Funding
(\$ Millions)

<u>Fiscal Year</u>	<u>GOP</u>	<u>AID DA</u>	<u>Notes on GOP Levels</u>
82-83	6.4	-	Actual expenditures
83-84	7.6	-	Actual expenditures
84-85	7.7	-	Actual expenditures
85-86	10.0	-	Approved in Annual Plan
86-87	11.0	6.5	Approved in Annual Plan
87-88	12.7	6.5)	Projection based on 15%
88-89	<u>14.7</u>	<u>6.65)</u>	annual increase
Grand Total	70.1	19.65	

The GOP funding represents a host country contribution over three and a half times greater than the AID development assistance contribution. Consequently the GOP contribution more than adequately meets the twenty-five percent recipient country contribution required by Section 110(a) of the Foreign Assistance Act.

F. ENVIRONMENTAL STATEMENT

This project falls under Section 216.2(c) (2) (viii) of AID's Environmental Procedures which excludes the requirement of an initial environmental examination or any other environmental documentation for "programs involving nutrition, health care or population and family plannings services....."

G. Women in Development

The original PP statement on women in development concluded that women will benefit both directly and indirectly from this project. Under the proposed amendment, the applicability of this statement will be increased.

H. Narcotic Impact Statement

The original narcotic impact statement concluded that the activities contained in the Population Welfare Plan do not lend themselves to specific actions or policies relative to narcotics suppression and therefore cannot be connected to the U.S. Government's efforts to curtail opium poppy cultivation and the processing of opium into heroin in Pakistan. Consequently no narcotics impact analysis was submitted for the original project nor is submitted for this amendment. No poppy clause will be included in the Amendment Project Agreement.

ID 2122S:

VI. Conditions Precedent, Covenants, Special Conditions and Negotiating Status

A. Conditions Precedent to Disbursements

1. Conditions Precedent to Disbursement for Government Voluntary Surgical Contraception Activities

Prior to the first disbursement under this grant amendment for funds for the Government Voluntary Sterilization Contraceptive (VSC) Program other than for technical assistance, or to the issuance by A.I.D. of documentation pursuant to which such disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish the following to A.I.D., in form and substance satisfactory to A.I.D.:

a. documentation of a comprehensive plan for a Grantee Sterilization surveillance system of the Government VSC Program which addresses, inter alia, the six (6) General Guidelines described in A.I.D.'s PD-3, Section II;

b. a standardized informed consent form which shall be completed by all acceptors of such voluntary surgical contraception financed in whole or in part by A.I.D. funds and which may not be modified without the prior written approval of A.I.D.; and

c. confirmation of the Grantee's assent to use of project funds for A.I.D. to retain the services of an appropriate organization to monitor, on an on-going basis, compliance with A.I.D.'s PD-3 and Addendum to PD-3.

2. Condition Precedent to District Operations

Prior to the first disbursement for the actual implementation of the District Operations component of the Amendment, the Grantee will furnish, in form and substance acceptable to A.I.D., a detailed description of the proposed action program and an accompanying budget.

B. Covenants

1. Prohibition on Abortion Related Activities

The Grantee covenants that none of the funds made available under this Grant will be used to finance any costs relating to (a) performance of abortion as a method of family planning, (b) motivation or coercion of any person to undergo abortion, (c) bio-medical research which should relate, in whole or in part, to methods of, or the performance of, abortion as a method of family planning, or (d) active promotion of abortion as a method of family planning.

2. Covenant re Government VS

As set forth AID PD-3, no A.I.D funds can be used to pay potential acceptors of sterilization to induce their acceptance of VS. Further, the fee or patient cost structure applied to VS and other

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contraceptive services shall be established in such a way that no financial incentive is created for sterilization over another method. The Grantee covenants that the Government VSC Program, shall have no increase in the level(s) of payment made to acceptors of VS services, providers of VS services (including doctors and hospitals) or others with reference to the provision or acceptance of voluntary sterilization services to a rupee and/or in-kind levels higher than those currently approved by the Government of Pakistan, without the written consent of A.I.D.

C. Special Provision

The Grantee and A.I.D. will conduct a semi-annual review of all major components of the Amendment. A Special Provision will be included in the ProAg, or possibly in an early PIL, setting forth the benchmarks and procedures for performance based disbursement for the NGO and District Operations components.

D. Negotiating Status

The above Conditions Precedent and Covenants have been discussed with and agreed to by the Government of Pakistan. During Project Agreement negotiations, USAID/Pakistan will incorporate into the Agreement appropriate language to cover these terms and conditions.

VII. ANNEXES

The following annexes are attached.

- A. Guidance and Project Issue Cables.....
- B. Statutory Project Checklist.....
- C. Logical Framework.....
- D. Mission Director's Certifications.....
- E. PD-3: Policy Determination (Voluntary Sterilization)...
- F. Contraceptive Need Projections.....
- G. Draft Project Authorization Amendment.....
- H. Waiver for AID Payment of Participant Travel Costs.....
- I. Draft Project Description for Inclusion in
ProAg Amendment.....
- J. Contributors to the Project Paper Amendment.....
- K. Commodity Needs.....
- L. Population Welfare Research Program.....
- M. Detailed Budgets.....
- N. Project Management Information System (PROMIS)
Graphs of Implementation Schedules: Expenditures,
Inputs and Outputs.....
- O. Bibliography.....

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ACTION AID INFO AMB DCM ECON

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ACTION: HPN
INFO: D(A)DD(A)PRO, PDM, RLA/CC
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Date:	<i>Sept 16 85</i>
Initial:	<i>for [unclear]</i>

E.O. 12356: N/A

TAGS:

SUBJECT: POPULATION WELFARE PLANNING (331-2469) -
PROJECT EXPANSION

REF: ISLAMABAD 14022

1. ANE/PD, TR, DP AND PMS PLUS S AND T STAFF MET WITH BILL JANSEN JULY 24 ON REF TEL AND SUBSEQUENTLY DISCUSSED IT ALSO WITH MISSION DIRECTOR STAPLES. WE HAVE A NUMBER OF COMMENTS AND CONCERNS ON SOME ELEMENTS OF THE PROPOSED APPROACH.

2. MISSION DIRECTOR STAPLES HAS INDICATED A DESIRE TO TAKE A LOOK AT MISSION PLANS FOR THIS PROJECT WHEN HE ARRIVES AT POST, AND HE HAS ASKED DAVID OOT (ANE/ASIA/TR) AND STEVE SINDING (S AND T/POF) TO PARTICIPATE IN A SECTOR STRATEGY REVIEW STARTING MID-NOVEMBER WHICH COULD HELP DEFINE THE SCOPE OF PROJECT RE-DESIGN AND ALSO LOOK AT OUR ROLE IN THIS SECTOR IN THE POST-87 PERIOD. IN ADDITION, WE BELIEVE IT WOULD BE PREFERABLE TO DEFER CONSIDERATION OF ANY AID DELEGATION UNTIL WE ARE IN A POSITION TO INDICATE ALL PLANNED CHANGES IN THE PROJECT, RATHER THAN GO UP TO THE ADMINISTRATOR PIECEMEAL.

3. WE SUGGEST THAT MISSION PROCEED WITH PLANS FOR DESIGN TEAM, INCLUDING DAVE OOT WHICH WOULD FOLLOW ON IMMEDIATELY FROM THIS STRATEGY REVIEW. THE TEAM WOULD PREPARE PP SUPPLEMENT AND INCORPORATE ALL NEEDED CHANGES IN THAT DOCUMENT. WE WOULD THEN BE IN A BETTER POSITION TO DETERMINE WHETHER DELEGATION FOR MISSION APPROVAL SHOULD BE SOUGHT, ONCE WE KNOW THE NATURE AND MAGNITUDE OF THE PROPOSED CHANGES.

4. IN GENERAL, WE AGREE THAT AREAS DELEGATED IN REF TEL ARE APPROPRIATE AND SHOULD BE INCLUDED IN RE-DESIGN EFFORT. WE DO HAVE THE FOLLOWING COMMENTS WHICH WE FEEL SHOULD BE CONSIDERED IN THE SECTOR REVIEW AND AS THE MISSION PROCEEDS WITH THE REDESIGN.

(A) ARE THERE OPPORTUNITIES (SUCH AS THROUGH TRAINING) FOR THE PROJECT TO FOCUS MORE ON INSTITUTIONAL

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DEVELOPMENT ISSUES? IS LACK OF PERSONNEL TRAINED IN SOCIAL SCIENCES IMPEDING EFFECTIVENESS OF EXISTING RESEARCH INSTITUTIONS?

(B) DEMAND ANALYSIS: SHOULD THE PROJECT LOOK MORE SPECIFICALLY AT CONSTRAINTS TO USE OF EXISTING CLINICAL SERVICES AND THE POTENTIAL FOR NON CLINICAL CONTRACEPTIVE DISTRIBUTION, INCLUDING COMMUNITY BASED DISTRIBUTION? WE REQUEST THE MISSION TO ASSEMBLE ALL RELEVANT DATA AND ANALYSIS CONCERNING DETERMINANTS OF FERTILITY IN PAKISTAN WITH PARTICULAR ATTENTION TO FERTILITY DIFFERENTIALS BY REGION AND BY DISTRICT IF POSSIBLE, ALONG WITH INFORMATION ON CHANGES IN MARRIAGE, AGE AT MARRIAGE AND OTHER KEY FACTORS. WE WOULD APPRECIATE YOUR FURNISHING A SET OF THIS INFORMATION TO ASIA/PNS.

(C) WE ARE CONCERNED ABOUT THE AMOUNT OF CONSTRUCTION, BOTH IN THE EXISTING PROJECT AND IN WHAT IS PROPOSED IN REF TEL. WHILE THE COMMITMENT REGARDING NRIFC HAS ALREADY BEEN MADE, WE QUESTION WHETHER THE PURCHASE OF A BUILDING IS NECESSARY TO ENABLE NIPS AND/OR THE W AND S SECTION OF THE PWD TO FUNCTION. SUPPORT FOR THE ESTABLISHMENT OF A NGO TRAINING INSTITUTE, WE ASSUME, WOULD NOT INVOLVE ANY CONSTRUCTION.

(D) WE ARE ALSO CONCERNED ABOUT THE PROPOSED FINANCING OF OPERATIONAL COSTS OF NRIFC, NRIRP, NIPS, AND W AND S OPERATIONS AT THE FEDERAL AND PROVINCIAL LEVEL. WE BELIEVE THE MISSION SHOULD MAKE EVERY EFFORT TO LIMIT OUR SUPPORT FOR SUCH RECURRING EXPENDITURES.

(E) ONE AREA OF POTENTIAL ACTIVITY NOT SPECIFICALLY MENTIONED IN REFTEL IS SUPPORT FOR THE EXPANSION OF VOLUNTARY STERILIZATION SERVICES, BOTH IN THE PUBLIC AND PRIVATE SECTOR. IT MAY BE THAT AID COULD PLAY A USEFUL ROLE IN HELPING TO UPGRADE THE QUALITY OF EXISTING SERVICES, AND/OR THE EXPANSION OF SUCH FACILITIES BY FUNDING TRAINING, EQUIPMENT, AND RENOVATION OF FACILITIES.

(F) ALTHOUGH LITTLE DETAIL IS PROVIDED CONCERNING SPECIFIC ACTIVITIES NEEDED TO UPGRADE DISTRICT OPERATIONS, THE STRATEGY OF FOCUSING ON SELECTED DISTRICTS HAS CONSIDERABLE APPEAL. THE QUESTION IS WHAT WE WOULD FINANCE AND HOW THIS ASSISTANCE WOULD BE MANAGED (E.G. THROUGH DIRECT SUPPORT TO THE DISTRICTS?) WOULD WE BE SUBSIDIZING CURRENT PWD ACTIVITIES OR ARE EXPANDED DISTRICT ACTIVITIES ENVISIONED? THERE IS ALSO THE QUESTION OF LONG TERM GOP/PROVINCIAL RESPONSIBILITY FOR DISTRICT COSTS.

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(G) WHILE WE STRESS THE NEED FOR IMPROVEMENTS IN RESEARCH AND EVALUATION, WE FEEL THAT THESE ACTIVITIES SHOULD BE CLOSELY AND CREATIVELY RELATED TO EFFORTS TO IMPROVE SERVICE DELIVERY. IN ASSESSING UNMET NEEDS FOR POSSIBLE ASSISTANCE, PRIMARY ATTENTION SHOULD BE GIVEN TO THIS.

(H) FINALLY, THE MISSION IS PROPOSING A BROAD RANGE OF ACTIVITIES, SOME OF WHICH MAY BE VERY STAFF-INTENSIVE. GIVEN STAFFING LEVELS IN THE PEN DIVISION, IT MAY BE NECESSARY TO EITHER INCREASE THE NUMBER OF STAFF OR LIMIT THE RANGE OF ACTIVITIES.

5. WITH REGARD TO AID/W ASSISTANCE FOR THE RE-DESIGN, WE PROPOSE THAT IN ADDITION TO DAVID OOT, JOHN CROWLEY, S AND T/POP, PARTICIPATE ALONG WITH A PERSON KNOWLEDGABLE ABOUT CLINICAL RESEARCH AND THE CLINICAL ASPECTS OF FAMILY PLANNING SERVICE DELIVERY. ONE POSSIBLE CANDIDATE MAY BE DR. NOEL MCINTOSH OF JOHN SNOW PUBLIC HEALTH GROUP WHO PARTICIPATED IN THE MID-TERM EVALUATION. ASSUMING CONTRACEPTIVES REMAIN A MAJOR PROJECT ELEMENT, WE COULD ALSO INCLUDE TONY HUGGINS OF CDC (SPECIALIST IN CONTRACEPTIVE LOGISTICS) IF AVAILABLE. LIKELY TIMING IS OOT/SINDING ARRIVAL O/A NOV. 18 WITH REST OF TEAM TO FOLLOW A WEEK LATER. BELIEVE THREE WEEKS SHOULD SUFFICE FOR BOTH STRATEGY REVIEW AND RE-DESIGN. ASSUME MISSION FUNDING WOULD BE

PROVIDED FOR ALL TEAM MEMBERS. POPULATION OFFICER JANSEN CONCURS WITH TIMING AND TEAM MEMBERS PROPOSED ABOVE.

6. PLEASE ADVISE IF SCENARIO DESCRIBED ABOVE IS ACCEPTABLE. SPIERS

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F.O. 12356: N/A
TAGS: N/A

SUBJECT: POPULATION: BILATERAL SUPPORT FOR VOLUNTARY STERILIZATION

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ACTION	
Due Date	<i>1/23</i>
Action Taken	<i>Cable sent</i>
Date	<i>1/27</i>
Initials	<i>[Signature]</i>

1. ON THE BASIS OF THE MID-TERM EVALUATION OF THE POPULATION WELFARE PLANNING PROJECT, AND THE RECENT PROGRAM REVIEW BY SINDING AND OOT, IT IS CLEAR THAT THERE IS GROWING DEMAND FOR VOLUNTARY STERILIZATION SERVICES IN PAKISTAN. OVER THE NEXT 3-5 YEARS, A MAJOR EFFORT WILL BE NEEDED TO ESTABLISH ADDITIONAL SERVICE FACILITIES, TRAIN PERSONNEL, AND INSTALL QUALITY CONTROL MECHANISMS TO ENSURE THAT SERVICE QUALITY STANDARDS ARE MAINTAINED/STRENGTHENED. IN THIS REGARD, WE BELIEVE THAT THE COMBINATION OF SUPPORT TO THE POPULATION WELFARE DIVISION (PWD) AND NON-GOVERNMENTAL ORGANIZATIONS (NGO'S) IS APPROPRIATE, WITH THE NGO'S TAKING THE LEAD IN TRAINING AND QUALITY CONTROL (I.E., TECHNICAL SURVEILLANCE).

2. THE PURPOSE OF THIS CABLE IS TO PROVIDE AN REACTION TO THIS COMPONENT OF THE PROPOSED AMENDMENT TO SUBJECT PROJECT, AND TO ENDORSE USAID PROCEEDING WITH COMPONENT

DESIGN, WHILE MAKING CERTAIN THAT THE FOLLOWING ISSUES ARE ADDRESSED:

A. WILL THIS SUPPORT BE USED, IN ANY WAY, TO FINANCE OR PROMOTE ABORTION AS A METHOD OF FAMILY PLANNING?

B. EMPIRICAL DATA SHOULD BE PROVIDED TO SUPPORT THE NATURE AND LEVEL OF INSTITUTIONAL REIMBURSEMENTS MADE FOR VOLUNTARY STERILIZATION (E.G., FOR PHYSICIANS, THAT THE LEVEL OF PAYMENT DOES NOT PROVIDE A FINANCIAL INCENTIVE FOR THE PHYSICIAN TO PROVIDE VS VERSUS SOME OTHER EQUALLY IMPORTANT MEDICAL SERVICE?) IN OTHER WORDS, THE PAYMENT LEVELS SHOULD REFLECT THE COSTS (BOTH SERVICE-RELATED AND MATERIALS) ASSOCIATED WITH THE PROCEDURE.

C. THERE SHOULD BE A CLEAR INDICATION OF THE LEVEL OF GOVERNMENT OF PAKISTAN (GOP) FINANCING ANTICIPATED FOR THIS PROJECT ELEMENT. IDEALLY, GOP CONTRIBUTION SHOULD GO BEYOND CONTRIBUTION QUOTE IN--AND UNQUOTE. AND

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INCLUDE EVIDENCE OF PLANS FOR GRADUALLY ASSUMING A GREATER SHARE OF THE RECURRING COSTS CURRENTLY PLANNED FOR DONOR FINANCING.

D. THE PROJECT AMENDMENT SHOULD PROVIDE CLEAR EVIDENCE THAT THE GOP AND PARTICIPATING INDIGENOUS NGO'S ARE PREPARED TO COMPLY, IN EVERY RESPECT, WITH THE CONDITIONS AS STATED IN PD-3, AS WELL AS ANY OTHER CONDITIONS/COVENANTS (E.G., QUARTERLY INDEPENDENT AUDIT) REQUIRED BY AID.

E. THE AMENDMENT DOCUMENT SHOULD ALSO MAKE IT CLEAR THAT THE AID CONTRIBUTION TO THIS ELEMENT OF THE PROGRAM WILL NOT DETRACT FROM OTHER IMPORTANT CHILD SURVIVAL EFFORTS. OUR ASSUMPTION IS THAT IT WOULD NOT, GIVEN THE EXISTENCE OF VERTICAL SERVICE DELIVERY SYSTEMS FOR HEALTH AND QUOTE FAMILY WELFARE, UNQUOTE AND THE FACT THAT NEARLY 80 PERCENT OF VISITS TO QUOTE FAMILY WELFARE UNQUOTE OUTLETS IS FOR NON-FAMILY PLANNING SERVICES.

3. WE ARE PARTICULARLY ENTHUSIASTIC ABOUT THE POTENTIAL ROLE OF AID COOPERATING AGENCIES AND INDIGENOUS NGO'S PROVIDING TRAINING AND QUALITY SURVEILLANCE DURING THIS PERIOD OF LIKELY RAPID PROGRAM GROWTH.

4. USAID'S RESPONSE TO THESE ISSUES MAY BE CONTAINED EITHER IN A CABLE OR INCORPORATED INTO THE FINAL VERSION OF THE PROJECT AMENDMENT DOCUMENT. SHULTZ
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5C(1) - COUNTRY CHECKLIST

Listed below are statutory criteria applicable generally to FAA funds, and criteria applicable to individual fund sources: Development Assistance and Economic Support Fund.

A. GENERAL CRITERIA FOR COUNTRY ELIGIBILITY

1. FAA Sec. 481(h)(1); FY 1985 Continuing Resolution Sec. 528. Has it been determined or certified to the Congress by the President that the government of the recipient country has failed to take adequate measures or steps to prevent narcotic and psychotropic drugs or other controlled substances (as listed in the schedules in section 202 of the Comprehensive Drug Abuse and Prevention Control Act of 1971) which are cultivated, produced or processed illicitly, in whole or in part, in such country or transported through such country, from being sold illegally within the jurisdiction of such country to United States Government personnel or their dependents or from entering the United States unlawfully?

It has not been so determined.

2. FAA Sec. 481(h)(4). Has the President determined that the recipient country has not taken adequate steps to prevent (a) the processing, in whole or in part, in such country of narcotic and psychotropic drugs or other controlled substances, (b) the transportation through such country of narcotic and psychotropic drugs or other controlled substances, and (c) the use of such country as a refuge for illegal drug traffickers?

It has not been so determined.

3. FAA Sec. 620(c). If assistance is to a government, is the government liable as debtor or unconditional guarantor on any debt to a U.S. citizen for goods or services furnished or ordered where (a) such citizen has exhausted available legal remedies and (b) the debt is not denied or contested by such government?

We are aware of no such liability.
4. FAA Sec. 620(e)(1). If assistance is to a government, has it (including government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities?

We are aware of no such liability.
5. FAA Sec. 620(a), 620(f), 620(D); FY 1985 Continuing Resolution Sec. 512 and 513. Is recipient country a Communist country? If so, has the President determined that assistance to the country is important to the national interests of the United States? Will assistance be provided to Angola, Cambodia, Cuba, Laos, Syria, Vietnam, Libya, or South Yemen? Will assistance be provided to Afghanistan or Mozambique without a waiver?

Recipient is not a Communist Country. Assistance will not be provided to other countries cited.
6. FAA Sec. 620(j). Has the country permitted, or failed to take adequate measures to prevent, the damage or destruction by mob action of U.S. property?

It has not.

7. FAA Sec. 620(1). Has the country failed to enter into an agreement with OPIC? It has not.
8. FAA Sec. 620(o); Fishermen's Protective Act of 1967, as amended, Sec. 5. (a) Has the country seized, or imposed any penalty or sanction against, any U.S. fishing activities in international waters? It has not.
- (b) If so, has any deduction required by the Fishermen's Protective Act been made? N/A
9. FAA Sec. 620(q); FY 1985 Continuing Resolution Sec. 518. (a) Has the government of the recipient country been in default for more than six months on interest or principal of any AID loan to the country? (b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the appropriation bill (or continuing resolution) appropriates funds? (a) It has not.
(b) It has not.
10. FAA SEC. 620(s). If contemplated assistance is development loan or from Economic Support Fund, has the Administrator taken into account the amount of foreign exchange or other resources which the country has spent on military equipment? (Reference may be made to the annual "Taking Into Consideration" memo: "Yes, taken into account by the Administrator at time of approval of Agency OYB." This approval by the Administrator of the Operational Year Budget can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.) Yes, taken into account at the time of approval of FY 1985 OYB and expect no change.

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11. FAA Sec. 620(t). Has the country severed diplomatic relations with the United States? If so, have they been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption?
- It has not.
12. FAA Sec. 620(u) What is the payment status of the country's U.N. obligations? If the country is in arrears were such arrearages taken into account by the AID Administrator in determining the current AID Operational Year Budget? (Reference may be made to the Taking into Consideration memo.)
- U.N. has not determined country to be in arrears.
13. FAA Sec. 620A; FY 1985 Continuing Resolution Sec. 521. Has the President determined that the country (a) grants sanctuary from prosecution to any individual or group which has committed an act of international terrorism, or (b) otherwise supports international terrorism? Has the government of the recipient country aided or abetted, by granting sanctuary from prosecution to, any individual or group which has committed or is being sought by any other government for prosecution for any war crime or act of international terrorism?
- We are aware of no such action.
14. ISDCA of 1985 Sec. 552(b). Has the Secretary of State determined that the country is a high terrorist threat country after the Secretary of Transportation has determined, pursuant to section 1115(e)(2) of the Federal Aviation Act of 1958, that an airport in the country does not maintain and administer effective security measures?
- It has not.

15. FAA Sec. 666. Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA? .
- It does not.
16. FAA Sec. 669, 670. Has the country, after August 3, 1977, delivered or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.)
- FAA Section 620E permits a special waiver which exists for Pakistan.
17. FAA Sec. 670. If the country is a non-nuclear weapon state, has it, on or after August 8, 1985, exported illegally (or attempted to export illegally) from the United States any material, equipment, or technology which would contribute significantly to the ability of such country to manufacture a nuclear explosive device?
- It has not.

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18. ISDCA of 1981 Sec. 720. Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U.N. of Sept. 25 and 28, 1981, and failed to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the Taking into Consideration memo.)
- It was so represented, but it disassociated itself from the Communique.
19. FY 1985 Continuing Resolution. If assistance is from the population functional account, does the country (or organization) include as part of its population planning programs involuntary abortion?
- No
20. FY 1985 Continuing Resolution Sec. 530. Has the recipient country been determined by the President to have engaged in a consistent pattern of opposition to the foreign policy of the United States?
- No

B. FUNDING SOURCE CRITERIA FOR COUNTRY ELIGIBILITY

1. Development Assistance Country Criteria

FAA Sec. 116. Has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, can it be demonstrated that contemplated assistance will directly benefit the needy?

No

2. Economic Support Fund
Country Criteria

FAA Sec. 502B. Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, has the country made such significant improvements in its human rights record that furnishing such assistance is in the national interest?

It has not been so determined.

5C(2) PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A. includes criteria applicable to all projects. Part B. applies to projects funded from specific sources only:
B.1. applies to all projects funded with Development Assistance loans, and
B.3. applies to projects funded from ESF.

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

A. GENERAL CRITERIA FOR PROJECT

1. FY 1985 Continuing Resolution Sec. 525; FAA Sec. 634A.

Congressional Notification and Congressional Presentation.

Describe how authorizing and appropriations committees of Senate and House have been or will be notified concerning the project.

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$500,000, will there be (a) engineering, financial or other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

(a) Yes

(b) Yes

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

No further legislative action is required.

4. FAA Sec. 611(b); FY 1985 Continuing Resolution Sec. 501. If for water or water-related land resource construction, has project met the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See AID Handbook 3 for new guidelines.) N/A
5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability effectively to maintain and utilize the project? Capital Assistance will not exceed US \$ 1 Million.
6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. No, however other donors are financing other components of the GOP Population Welfare Plan as separate Projects.
7. FAA Sec. 601(a). Information and conclusions whether projects will encourage efforts of the country to:
(a) increase the flow of international trade; (b) foster private initiative and competition; and (c) encourage development and use of cooperatives, and credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.
(a) No
(b) Yes, private sector initiative and competition will be fostered through the use of private advertising and market research companies in the use of mass media for population communication.
(c) No
(d) No
(e) No
(f) No

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8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).
- Many of the goods and services procured under this Project Amendment will have their source and origin in the United States.
9. FAA Sec. 612(b), 636(h); FY 1985 Continuing Resolution Sec. 507. Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.
- After the PWD and AID formally agreed on specific activities to be funded under the Project Amendment, we will then ascertain amounts which GOP will contribute to the AID-funded activities.
10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?
- Yes, and Rs.21,000,000 of these U.S. owned excess rupees have been programmed to finance some of the local costs under the original Project. No additional rupee amount besides the amount mentioned above has been set aside for this purpose.
11. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?
- Yes
12. FY 1985 Continuing Resolution Sec. 522. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?
- N/A

13. FAA 118(c) and (d). Does the project comply with the environmental procedures set forth in AID Regulation 16? Does the project or program take into consideration the problem of the destruction of tropical forests? N/A
14. FAA 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (dollars or local currency generated therefrom)? N/A
15. FY 1985 Continuing Resolution Sec. 536. Is disbursement of the assistance conditioned solely on the basis of the policies of any multilateral institution? No
16. ISDCA of 1985 Sec. 310. For development assistance projects, how much of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)? Although no final figures are available for the stated uses, all US based procurements will, as a matter of course, address these possible resources. The PP has identified at least one 8a source set aside. See Section B.1.d(FAA Sec.110(a)).

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B. FUNDING CRITERIA FOR PROJECT

**1. Development Assistance
Project Criteria**

- a. FAA Sec. 102(a), 111, 113, 281(a). Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, spreading investment out from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using the appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status, (e) utilize and encourage regional cooperation by developing countries?

The objective of the Project is to increase access to quality family planning services for all elements of Pakistan's population, particularly the poor and those residing in rural areas.

No.

Yes.

Yes.

Yes.

- b. FAA Sec. 103, 103A, 104, 105, 106. Does the project fit the criteria for the type of funds (functional account) being used? Yes
- c. FAA Sec. 107. Is emphasis on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)? Yes
- d. FAA Sec. 110(a). Will the recipient country provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed country)? Yes. The recipient country will provide at least 25% of the D.A. costs of the Project.
- e. FAA Sec. 122(b). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth? Yes

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f. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?

Yes

g. FAA Sec. 231(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.

The program is designed to fulfill the popular need for family planning services.

The Project provides support to indigenous population research institutions to improve the quality of research through technology transfer and training.

2. Development Assistance Project
Criteria (Loans Only)

- a. FAA Sec. 122(b).
Information and conclusion on capacity of the country to repay the loan, at a reasonable rate of interest. N/A

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

3. Economic Support Fund Project
Criteria

- a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of part I of the FAA? Yes (add)

- b. FAA Sec. 531(c). Will assistance under this chapter be used for military, or paramilitary activities? No

- c. ISDCA of 1985 Sec. 207. Will ESF funds be used to finance the construction of, or the operation or maintenance of, or the supplying of fuel for, a nuclear facility? If so, has the President certified No

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that such country is a party to the Treaty on the Non-Proliferation of Nuclear Weapons or the Treaty for the Prohibition of Nuclear Weapons in Latin America (the "Treaty of Tlatelolco"), cooperates fully with the IAEA, and pursues nonproliferation policies consistent with those of the United States?

- d. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made?

The Mission is negotiating with the GOP to have these funds deposited in a special account for reuse in the Population Welfare Program.

PWP PROJECT AMENDMENT - LOGICAL FRAMEWORK

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>To reduce the rate of natural population increase as part of the goal of achieving national, social and economic development.</p> <p>To reduce the level of infant and maternal mortality associated with closely spaced births and high parity.</p> <p>A-1</p>	<p>Measures of goal achievement:</p> <ul style="list-style-type: none"> - Rate of natural increase reduced from the 1972-1981 intercensus growth rate of 2.97 percent to 2.6 percent by the end of the project. - Crude birth rate reduced from the present level of 41 per 1000 to 37 per 1000 by the end of the project. - Contraceptive use prevalence - 15% of MWRAs by the end of the project. <p>A-2</p>	<ul style="list-style-type: none"> - Decennial census, contraceptive prevalence and other surveys, birth and death registration (vital statistics). - Data provided by Information Feedback System of the Population Welfare Division. - Morbidity/mortality data from prevalent surveys and vital statistics. <p>A-3</p>	<p>Assumptions for achieving goal targets:</p> <ol style="list-style-type: none"> 1. An increasing number of Pakistani couples of child-bearing age want to space their births and/or limit their fertility. 2. The GOP will continue to give high priority to population activities and will demonstrate this support by adequate budgetary support. 3. International donor assistance will continue at adequate levels. <p>A-4</p>
<p>Project Purpose is to strengthen the GOP's capability:</p> <ul style="list-style-type: none"> - to plan and conduct bio-medical, socio-medical, demographic and program research; - to supply and deliver quality contraceptive goods and services directly to through non-governmental intermediaries; and - to stimulate contraceptive acceptance through mass media communication. <p>B-1</p>	<ol style="list-style-type: none"> 1. Bio-medical, demographic research and evaluation results are used by the GOP for program planning and management. 2. <ol style="list-style-type: none"> a. Increased sales and usage of contraceptive supplies. b. Increased in number and quality of voluntary sterilizations. c. NGO family planning activity management capability strengthened. d. Increased use and quality of contraceptive goods and services delivery at the community level. 3. Positive changes in public opinion; messages transmitted to individuals. <p>B-2</p>	<ol style="list-style-type: none"> 1. Policy, strategy and management guidelines quote or reflect the fundings to research, evaluation and monitoring. Changes in management system due to findings. 2. <ol style="list-style-type: none"> a. Sales and off-take records b. Numbers compiled from signed Voluntary Consent Forms c. Survey of institutional capabilities of NGOs d. Baseline data survey and periodic surveys of targeted and "control" districts. 3. Opinion polls 4. General - site visits, audit reports, special surveys and periodic project evaluations. <p>B-3</p>	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 1. The GOP will utilize quality research and evaluation findings for its policy formulation and program planning processes. 2. The GOP will give logistics and contraceptive supply sufficient priority to provide the necessary facilities, personnel, and logistic support needed to meet service demand. 3. Appropriate overseas training and U.S. technical assistance can be identified and provided to meet project needs. <p>B-4</p>

<u>Outputs</u>	<u>Outputs</u>	<u>Means of verification</u>	
<p>1. Monitoring, Research and Evaluation</p> <p>a. NRIPC building constructed, equipped and staff trained.</p> <p>b. NRIRP equipped and staff trained.</p> <p>c. M&S staff trained, seminars, workshops and program monitoring conducted.</p> <p>2. Contraceptive Goods and Services</p> <p>a. All FWD and concerned line departments supplied with orals, condoms and IUDs.</p> <p>b. In-country logistics workshops.</p> <p>3. Voluntary Surgical Contraception</p> <p>a. Additional VSC centers established.</p> <p>b. Training centers established.</p> <p>4. Support to NGOs</p> <p>a. Additional service outlets established.</p> <p>b. NGOCC and NGO staff trained in project design, management, evaluation.</p> <p>5. District operations tehsil level management experiment established nation-wide.</p> <p>6. Mass Media Campaign</p> <p>a. Mass media program in place</p> <p>b. T.V., radio and press advertisements.</p> <p>c. Radio programs and film produced and broadcasted.</p> <p>7. Mid-Level Management Training Key FWD and NGO staff trained.</p>	<p>1. Monitoring, Research and Evaluation</p> <p>a. One NRIPC building constructed, equipped and 15 staff trained.</p> <p>b. NRIRP equipped, supplied and 6 staff trained.</p> <p>c. 15 M&S staff trained and 12 seminars/workshops held.</p> <p>2. 5,400 outlets supplied with contraceptives and 2,800 persons trained in logistics.</p> <p>3. 200,000 VSC case performed, 15 NGO service sites and 2 VSC training centers established.</p> <p>4. Pakistani NGOs supported. 15 NGOCC-managed and U.S. contractor-managed projects implemented, and 28 persons trained abroad</p> <p>5. 189 tehsil level units established.</p> <p>6. Mass Media Campaign</p> <p>a. 18 hours, 15 mins of T.V. broadcasts, 32 hours of Radio broadcasts, and 10,680 press advertisements printed.</p> <p>b. Weekly 10-minute radio program produced and broadcast for 3 years, 2 months and 1 film produced.</p> <p>150 person months of mid-level management training provided to key personnel.</p>	<p>1. FWD logistics/off-take data and workshop reports.</p> <p>2. On-site observation, training reports, and published studies.</p> <p>3. On-site observation, written progress reports from FWD and CA's.</p> <p>4. Progress reports provided by NGOCC and AID CA's.</p>	<p>1. Timely/adequate supplies of contraceptives received from other donors.</p> <p>2. Research/evaluation priorities identified. Timely provision of consultant services.</p> <p>3. AID implementation/monitoring requirements relevant to RRS agreed to by GOP.</p>
C-1	C-2	C-3	C-4

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Inputs:	Implementation Target (Type and Quantity)	US and GOP, NGO, and CA project records and vouchers.	Assumptions for providing inputs:
1. AID funding for a. Technical assistance b. Commodities i) Contraceptives ii) Other c. Training d. Local currency costs e. Construction 2. GOP funding in cash or in kind for: a. Salaries and benefits. b. Operating expenses. c. Land used for program facilities. 3. NGO funding in cash or in kind.	See financial analysis and commodity technical assistance, and training plans. Inputs:		US and GOP proposed funding levels are approved by the respective governments and expenditures proceed on a timely basis.
D-1	D-2	D-3	D-4

The logical framework is a planning document. Inputs and outputs may change as conditions warrant.



UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO PAKISTAN

Cable: USAIDPAK

HEADQUARTERS OFFICE
ISLAMABAD

POPULATION WELFARE PLANNING PROJECT

FAA SECTION 611 (e) CERTIFICATION

I, Eugene Staples, the principal officer of the Agency for International Development in the Islamic Republic of Pakistan, having taken into account, among other things, the maintenance and utilization of projects in the Islamic Republic of Pakistan previously financed or assisted by the United States, do hereby certify, pursuant to Section 611(e) of the Foreign Assistance Act of 1961, as amended, that, in my judgement, the Islamic Republic of Pakistan has both the financial capability and the human resources capability to effectively implement, utilize and maintain the proposed Population Welfare Planning Project Amendment.

This judgement is based upon the project analysis as detailed in the Population Welfare Planning Project Paper Amendment and is subject to the conditions imposed therein.

Eugene S. Staples
Director
USAID/Pakistan

Date

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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO PAKISTAN

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HEADQUARTERS OFFICE
ISLAMABAD

POPULATION WELFARE PLANNING PROJECT

FAA SECTION 612 (b) CERTIFICATION

A major purpose of the \$1.625 billion economic assistance program negotiated between the governments of the U.S. and Pakistan, acknowledged by both governments and a primary reason for both governments having decided to develop an economic assistance package, is to provide balance of payments assistance to Pakistan.

I have carefully reviewed the advisability of disbursing U.S. dollars in lieu of U.S.-owned excess foreign currency to pay for local costs of projects being implemented in Pakistan. In light of the U.S. Government's objectives concerning the program, I have determined that it would be prejudicial to U.S. interests and goals to pay for all local currency costs with U.S.-owned rupees. Such a procedure would prevent the U.S. from providing the maximum amount of balance of payments support under the economic assistance package, and would consequently undercut one of the basic objectives of the program. The objective of providing balance of payments assistance to Pakistan can best be achieved by disbursing U.S. dollars to pay for local costs of the program. Section 612(b) of the Foreign Assistance Act of 1961, as amended, authorizes the administrative official approving the voucher to determine that local costs will be funded with direct payment of dollars for the program. Pursuant to this provision, Handbook 19 requires that the Mission Director (or his designee) make a determination as to the reason in any instance where U.S. dollars are used (disbursed) when U.S.-owned foreign currency is available. Where dollars are used for local costs financing, therefore, USAID/Pakistan will make disbursements to the GOP in U.S. currency.

In view of the above rationale, I, Eugene S. Staples, principal officer of the Agency for International Development in Pakistan, pursuant to Section 612(b) of the Foreign Assistance Act of 1961, as amended, do hereby certify the need to disburse dollars to cover local currency costs in lieu of using U.S.-owned excess rupees under the Population Welfare Planning Project Amendment.

Eugene S. Staples
Director
USAID/Pakistan



UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO PAKISTAN

Cable: USAIDPAK

HEADQUARTERS OFFICE
ISLAMABAD

CERTIFICATION FOR COMPLIANCE WITH GRAY AMENDMENT

I, Eugene S. Staples, the principal officer of the Agency for International Development in the Islamic Republic of Pakistan, do hereby certify that the acquisition plan in the Population Welfare Planning Project Paper Amendment was developed with full consideration of maximally involving the Minority and Women-Owned Firms, or Gray Amendment Organizations, in the provision of required goods and services. To the extent possible at this stage, opportunities for such organizations to participate in the project have been identified and are described in the acquisition plan. During the course of implementation, further opportunities for such organization to participate will be fully considered.

Eugene S. Staples
Director
USAID/Pakistan

Date

PD-3
September 1982

A.I.D. POLICY GUIDELINES ON VOLUNTARY STERILIZATION

I. OVERVIEW

The World Population Plan of Action of the World Population Conference of 1974 observed that: "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so ..."

The Foreign Assistance Act (FAA) of 1961 (as amended) reflects additional considerations:

(1) the process of economic and social development, which is in turn affected by the pace, magnitude and direction of population growth; and,

(2) in many LDCs high rates of population growth limit attainment of broader development goals, contribute to economic hardship and hazardous health conditions, and deny opportunities for improved quality of life for many parents and their children.

In carrying out a comprehensive population assistance program authorized by the FAA, A.I.D. has responded to the growing number of LDC requests for assistance and has helped to make the various methods of family planning permitted by our legislation available on a broader scale to the rural and urban population for use on a strictly voluntary basis.

More recently, LDC governments and non-government organizations have requested assistance to extend the availability of voluntary sterilization (VS) services.* Such requests are partially in response to the preparatory work conducted by various organizations which have received A.I.D.

*VS service programs included those activities which are primarily intended to provide voluntary male and female sterilizations to persons requesting this type of contraceptive procedure. For purposes of this discussion, however, VS training programs are included, since training generally requires that trainees conduct supervised procedures on patients who have voluntarily presented themselves at a service/training facility for sterilization.

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support, including the Association for Voluntary Sterilization (AVS), the Pathfinder Fund, the International Fertility Research Program (IFRP), and the Johns Hopkins University Program for International Education in Gynecology and Obstetrics (PIEGO) as part of its broad program of advance training in obstetrics and gynecology. These organizations have contributed to significant advances in the development of new surgical techniques which make sterilization safer, simpler and less expensive as an outpatient procedure. They have developed specialized equipment and given LDC medical personnel specialized training in the practice of obstetrics and gynecology, including endocrinology, identification of cancerous conditions, maternal care, and the management of infertility and fertility, including sterilization procedures.

In providing support for sterilization services, A.I.D. must reaffirm its long-standing and complete commitment to the basic principle of voluntary acceptance of family planning methods and determine basic conditions and safeguards within which A.I.D. support for sterilization activities can be provided. These conditions and safeguards are needed because of the special nature of sterilization as a highly personal, permanent surgical procedure and to ensure that the needs and rights of individuals are scrupulously protected.

The official positions of national governments are mixed. While voluntary sterilization has become a basic part of comprehensive family planning services in many countries, in some there is only unofficial approval for action by non-government agencies while in other countries there is opposition to the method. A.I.D. staff and A.I.D.-funded grantees and contractors must be fully aware of national sensitivities and must receive AID/W and mission approval before making any commitments on commencing support for sterilization activities in any context.

II. General Guidelines

A.I.D. acknowledges that each host country is free to determine its own policies and practices concerning the provision of sterilization services. However, A.I.D. support for VS program activities can be provided only if they comply with these guidelines in every respect.

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A. Informed Consent: A.I.D. assistance to VS service programs shall be contingent on satisfactory determination by the USAID (bilateral programs) and/or A.I.D.-funded grantees or contractors that surgical sterilization procedures, supported in whole or in part by A.I.D. funds, are performed only after the individual has voluntarily presented himself or herself at the treatment facility and given his or her informed consent to the sterilization procedure.

Informed consent means the voluntary, knowing assent from the individual after he or she has been advised of the surgical procedures to be followed, the attendant discomforts and possible risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and his or her option to withdraw consent any time prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress or other forms of coercion or misrepresentation.

Further, the recipient of A.I.D. funds used all or in part for performance of VS procedures must be required to document the patient's informed consent by (a) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (b) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of the oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall be of the same sex and speak the same language as the patient. Copies of these informed consent forms and certification documents for each VS procedure must be retained by the operating medical facility, or by the host government, for a period of three years after the performance of the sterilization procedure.

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USAID Missions should note their responsibility to monitor A.I.D.-assisted VS programs -- whether such programs are funded bi-laterally or by A.I.D.-funded grantees or contractors -- to ensure continuing adherence to the principle of informed consent. In order to carry out this monitoring function effectively, all proposed programs -- either bilaterally funded or funded by A.I.D.-supported intermediaries -- shall be approved by the mission and AID/W prior to any commitment of funds or promise to commit funds for VS activities. In carrying out this responsibility, USAID staff should be thoroughly familiar with local circumstances and government administrative patterns and be able to communicate effectively with host country representatives.

B. Ready Access to Other Methods: Where VS services are made available, other means of family planning should also be readily available at a common location, thus enabling a choice on the part of the acceptor.

C. Incentive Payments: No A.I.D. funds can be used to pay potential acceptors of sterilization to induce their acceptance of VS. Further, the fee or patient cost structure applied to VS and other contraceptive services shall be established in such a way that no financial incentive is created for sterilization over another method.

D. Quality of VS Services: Medical personnel who operate on sterilization patients must be well-trained and qualified in accordance with local medical standards. Equipment provided will be the best available and suitable to the field situations in which it will be used.

E. Sterilization and Health Services: To the fullest possible extent, VS programs -- whether bilaterally funded or conducted by A.I.D.-funded private organizations -- shall be conducted as an integral part of the total health care services of the recipient country and shall be performed with respect to the overall health and well-being of prospective acceptors. In addition, opportunities for

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extending health care to participants in VS programs should be exploited to the fullest. Consideration must also be given to the impact that expanded VS services might have on existing general health services of the recipient country with regard to the employment of physicians and related medical personnel and the use of buildings or facilities.

F. Country Policies: In the absence of a stated affirmative policy or explicit acceptance of A.I.D. support for VS activities, USAIDs should take appropriate precautions through consultation with host country officials in order to minimize the prospect of misunderstandings concerning potential VS activities. In monitoring the consistency of A.I.D.-supported VS programs with local policy and practice, USAIDs and A.I.D.-funded donor agencies shall also take particular note of program activities among cultural, ethnic, religious or political minorities to ensure that the principles of informed consent discussed under "A" above are being observed and that undue emphasis is not given to such minority groups.



M. Peter McPherson

SEP 1982

Date

Addendum to PD-3
September 1982

Additional A.I.D. Program Guidance for
Voluntary Sterilization (VS) Activities

1. **INTRODUCTION:** The previously provided Policy Determination No. 3 (PD-3), remains in effect. However, in light of several years experience, additional clarification of a number of points relating to the application of PD-3 and specific interpretation of its provisions appears to be needed.

2. **APPLICABILITY OF PD-3:** PD-3 states (page 2) "A.I.D. support VS program activities can be provided only if they comply with these guidelines in every respect". This means that the provisions of PD-3 must be applied if A.I.D. funds are used for whole or partial direct support of the performance of VS activities. However, as also noted in PD-3 (page 2), A.I.D. acknowledges that each host country is free to determine its own policies and practices concerning the provision of sterilization services". The provisions of PD-3 do not apply if A.I.D. provides support for population and family planning programs within a country and provision of VS services is not called for in the support agreement, i.e. VS activities may be a part of the host country's program, but A.I.D. funds are not used to support such services. For example, if A.I.D. support for VS program activities is geographically confined to particular parts of a country, PD-3 applies only to those areas with VS program activities supported by A.I.D. PD-3 does not apply if activities and projects are only peripherally related to provision of VS services, for example, A.I.D. support for construction of multipurpose buildings or broad-based training in reproductive health which includes VS techniques. Finally, in A.I.D.-supported population and family planning programs in host countries which use A.I.D. funds for activities other than VS and support VS activities with their own or other non-A.I.D. funds, PD-3 does not apply.

3. **INFORMED CONSENT:** The recipient of A.I.D. support used fully or in part for performance of VS procedures must obtain and document voluntary informed consent as part of the conduct of any VS procedure. A.I.D. does not require any specific format for this procedure. However, the elements of the procedure described in PD-3 (i.e., an explanation of the nature of the procedure, the attendant risks and benefits, availability of alternative methods of family planning, that the procedure is irreversible, and that the patient may withdraw consent) all must be part of the process of obtaining informed consent.

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4. **METHODS OF PAYMENT:** All acceptor and/or provider payments in cash or kind beyond VS service costs as well as fees charged for VS and other contraceptive services shall be established in such a way that no financial incentive is created for sterilization over another contraceptive method.

(A) **Payment of Acceptors:** It should be noted that guidance differs for payments which may be made to acceptors of VS as contrasted to payments to providers of VS (guidance applicable to providers of VS services is described in para 4.B below). As stated in PD-3, para C, page 4, "No A.I.D. funds can be used to pay potential acceptors of sterilization to induce their acceptance of VS". Further, A.I.D. support generally cannot be provided to VS services which include incentive payments paid to potential acceptors. For example, a VS program supported by A.I.D. cannot be supplemented with acceptor incentives to induce acceptance of sterilization services. Determination of what constitutes an incentive must be made locally based on thorough knowledge of social and economic circumstances of potential acceptors. In general, recompense to acceptors for legitimate, extra expenses related to VS program services such as transportation, food during confinement, medicines, surgically related garments and dressings and the value of lost work are not considered incentive payments and are eligible for A.I.D. support. It should be emphasized that these payments must be of reasonable nature and aimed at making VS services equally available at the same cost as other contraceptive services. For example, payment for lost work must correspond to a reasonable estimate of the value of lost labor over a reasonable duration of convalescence.

(B) **Payment of Providers of Services:** In light of experience, it seems desirable to modify the previous A.I.D. program guidance relating to reimbursement for VS services as defined in AIDTO Circular 393 (10/27/77), page 6, section 3, "operating service costs", para. 4. The suggested prohibition of reimbursement to providers of VS services on a per-case basis has not proven practical in that payment per case or procedure is the time-honored method of paying for surgical procedures both in developed and less developed countries. Reimbursement of physicians, paramedical and other service personnel on a per-case basis can be an acceptable procedure. Compensation to providers for items such as anesthesia, personnel costs, pre and post-operative care, transportation, surgical and administrative supplies, etc., on a per-case basis is also generally acceptable. These payments to providers must

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oe reasonable relative to other medical and contraceptive services provided so that no financial incentive is created for the providers to carry out VS procedures compared to provision of other methods of family planning. As in the case of payments to acceptors, this is a judgment which will have to be made on a country and program specific basis. However, in both cases, AID/Washington will provide assistance and guidance in making such determinations, and decisions relating to application of PD-3 should be submitted to AID/Washington for review. Even though payment on a per-case basis is often customary, A.I.D. Missions are advised to encourage patterns of service delivery and methods of payment which do not unduly emphasize VS procedures compared to other methods of fertility control. For example, if physicians who carry out the surgery are paid on a per-case basis and they have no role in the selection or counseling of patients, these service providers cannot induce additional patients to accept sterilizations over other contraceptive methods. Payments of physicians on a per-session rather than a per-case basis may also serve the same function. Since payments on a per-case basis do raise questions, often of a complex nature, beyond those raised by other types of compensation, where a mission can persuade a government to use such other frameworks for payment, whether immediately or phased-in, it should do so.

CONTRACEPTIVE NEED PROJECTIONS

Contraceptive GOP F.Y.	Beginning Inventory	Shipments Scheduled	Sub-Total	Projected Use	End of Year Inventory		Qty. to be proc. during the year	Est. Cost (\$000)
					Expected	Desired a/		
1. Condoms (000 Nos)								
FY 1985-86	132,574	162,042	294,616	102,286	192,330	146,200	-	-
1986-87	192,330	113,160	305,490	146,200	159,290	160,600	1,310	63
1987-88	160,600	0	160,600	160,600	0	175,200	175,200	8,410
1988-89	175,000	0	175,000	175,000	0	175,200	175,200	8,410
							351,710	16,883 b/
2. Oral Contraceptives (000 m/cs)								
(a) Regular Dose								
FY 1985-86	1,251	0	1,251	1,228	23	1,020	997	229
1986-87	1,020	0	1,020	1,020	0	900	900	207
1987-88	900	0	900	900	0	500	500	115
1988-89	500	0	500	500	0	400	400	92
							2,797	643 c/
(b) Low Dose								
FY 1985-86	700	0	700	230	470	595	125	29
1986-87	595	0	595	595	0	810	810	186
1987-88	810	0	810	810	0	1,400	1,400	322
1988-89	1,400	0	1,400	1,400	0	1,500	1,500	345
							3,835	882 c/
(c) Projectin Only (Mini Pill)								
FY 1985-86	200	0	200	42	158	85	0	0
1986-87	158	0	158	85	73	90	17	4
1987-88	90	0	90	90	0	100	100	23
1988-89	100	0	100	100	0	100	100	23
							217	50 c/
3. Copper T (000 Nos)								
FY 1985-86	222	0	222	33	189	137	0	0
1986-87	189	0	189	137	52	227	175	175
1987-88	227	0	227	227	0	262	262	262
1988-89	262	0	262	262	0	263	263	263
							700	700

Criteria for Estimating use of Different Oral Pills

GOP Fiscal Year	Total Quantity	Regular Dose	Low Dose	Minipill
1985-86	1,500,000	75%	20%	5%
1986-87	1,700,000	60%	35%	5%
1987-88	1,800,000	50%	45%	5%
1988-89	2,000,000	25%	70%	5%
1989-90	2,000,000	20%	75%	5%

a/ Equals subsequent year's projected use.

b/ PP Amendment requests only \$7.178 million as \$9.705 million is available under current project funding.

c/ Funding requirement for all types of oral pills total \$1.575 million.

ID:2410S:ja

PROJECT AUTHORIZATION AMENDMENT

Name of Country/Entity: Pakistan

Name of Project: Population Welfare
Planning
Project No. 391-0469

1. Pursuant to Sections 531 and 104 of the Foreign Assistance Act, as amended, the Population Welfare Planning Project for Pakistan was authorized on May 28, 1982 with a funding of Forty Million United States Dollars (\$40,000,000) in grant funds.

2. That Project Authorization is hereby amended as follows:

(A) I hereby authorize additional planned obligations not to exceed Thirty-Four Million United States Dollars (\$34,000,000) in grant funds over a seven-year period from the date of original authorization of this Project, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to assist in financing foreign exchange costs and local currency costs for this Project. The total planned obligations for this Project shall not exceed Seventy-Four Million United States Dollars (\$74,000,000) in grant funds. This additional Thirty-Four Million Dollars (\$ 34,000,000) is authorized to assist the Cooperating Country to carry out its Population Welfare Plan by financing, among other things: (i) program monitoring and research; (ii) contraceptive supplies and logistic support; (iii) voluntary surgical contraception; (iv) NGO support; (v) district operations; (vi) mass media campaign; and (vii) mid-level management training.

(B) I further authorize extension of the Project Assistance Completion Date (PACD) to September 30, 1989.

(C) The following additional new Condition Precedent is hereby added:

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***c-1. Conditions Precedent to Disbursement for Government
Voluntary Surgical Contraception Activities:**

Prior to the first disbursement under this grant amendment for funds for the Government Voluntary Sterilization Contraceptive (VSC) Program other than for technical assistance, or to the issuance by A.I.D. of documentation pursuant to which such 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.,

- i) documentation of a comprehensive plan for a Grantee Sterilization surveillance system of the Government VSC Program which addresses, inter alia, the six (6) General Guidelines described in A.I.D.'s PD-3, Section II;
 - ii) a standardized informed consent form which shall be completed by all acceptors of such voluntary surgical contraception financed in whole or in part by A.I.D. funds and which may not be modified without the prior written approval of A.I.D.; and
 - iii) confirmation of the Grantee's assent to use of project funds for A.I.D. to retain the services of an appropriate organization to monitor, on an on-going basis, compliance with A.I.D.'s PD-3 and Addendum to PD-3."
- (D) The following two new Covenants are hereby added to Covenants in the original Project Authorization:

*** (g) Prohibition on Abortion Related Activities:**

The Grantee covenants that none of the funds made available under this Grant will be used to finance any costs relating to (a) performance of abortion as a method of family planning, (b) motivation or coercion of any person to undergo abortion, (c) bio-medical research which would relate, in whole or in part, to methods of, or the performance of, abortion as a method of family planning, or (d) active promotion of abortion as a method of family planning.

(h) Covenant re Government Voluntary Sterilization:

As set forth AID PD-3, no A.I.D. funds can be used to pay potential acceptors of sterilization to induce their acceptance of Voluntary Sterilization (VS). Further, the

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fee or patient cost structure applied to VS and other contraceptive services shall be established in such a way that no financial incentive is created for sterilization over another method. The Grantee covenants that the Government VSC Program shall have no increase in the level(s) of payment made to acceptors of VS services, providers of VS services (including doctors and hospitals), or others with reference to the provision or acceptance of voluntary sterilization services to rupee and/or in-kind levels higher than those currently approved by the Government of Pakistan, without the written consent of A.I.D. "

3. The original Authorization cited above, as from time to time previously amended, remains in force except as hereby amended.

Signature: _____
M. Peter McPherson
Administrator

CLEARANCES IN USAID/PAKISTAN

1. RLA:SJSpielman: _____ (draft)
 2. PDM:RWNachtrieb/GMorrill: _____ (draft)
 3. PRO:WMcKinney: _____ (draft)
 4. HPN:AWasey: _____ (draft)
 5. FM:ADPratt: _____ (draft)
- RLA:KFatima:myk:5/06/86

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UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO PAKISTAN

Cable: USAIDPAK

HEADQUARTERS OFFICE
ISLAMABAD

USAID/PAKISTAN MISSION DIRECTOR'S WAIVER FOR A.I.D.
PAYMENT OF INTERNATIONAL PARTICIPANT TRAVEL COSTS

A.I.D. Handbook 10, Chapter 15B1, provides that the cost of international travel, including incidental costs en route as well as the cost of travel between the participant's city and the points of departure and return in the participant's home country, shall be paid by the host government or other sponsor unless, in the case of Mission-funded programs, the Mission Director has justified and authorized full or partial waivers and has so notified S&T/IT.

Training and institution-building are important components of the \$1.625 billion economic assistance program negotiated between the Governments of the U.S. and Pakistan. USAID/Pakistan's experience, however, has been that the Government of Pakistan (GOP), due to serious foreign exchange and budgetary constraints, has been historically unable to fund international travel costs for short-term training programs. The consequence has been that Pakistani participants have, on numerous occasions, been denied worthwhile and much needed training, inhibiting the achievement of project targets.

I have carefully reviewed the advisability of requiring full GOP funding for travel costs for participant training of one year or less and the alternative of funding such travel with grant and loan funds provided through USAID/Pakistan to the GOP. Recognizing the objectives of many of our projects and the fact that project success will be enhanced by encouraging opportunities for short-term training, I have determined that it would be prejudicial to U.S. interests to require that the GOP pay the entire international participant travel costs for training programs of one year or less.

Therefore, on all Mission-funded training programs up to and including one year, USAID/Pakistan shall be responsible for the entire cost of the round-trip economy class air ticket and other necessary incidental costs en route. Where a PIO/P has been originally written for a program of one year or less, but, after the participant has initiated his or her program, the program is extended one year in total, USAID/Pakistan shall also fund the round-trip ticket. The justification for funding programs that are extended is to minimize administrative problems which are otherwise likely to occur.

On the basis of the above justification and pursuant to Handbook 10, Chapter 15B1a, I, Eugene S. Staples, principal officer of the Agency for

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International Development in Pakistan, do hereby waive the requirement that the host government fully fund international travel for training courses of one year or less and authorize payment with USAID/Pakistan loan and grant funds for travel costs as specified above.

Eugene S. Staples
Director
USAID/Pakistan

Date

DRAFT PROJECT DESCRIPTION FOR INCLUSION IN PROJECT AGREEMENT

I. OVERVIEW

This seven-year project is designed to assist the Government of Pakistan (GOP) in implementing its Population Welfare Plan (hereafter referred to as the "Plan"). The broader goals to which this project contributes are the reduction in the rate of natural population increase and level of internal maternal fertility associated with closely spaced births. The project purposes are to (1) strengthen the GOP's capability to plan or conduct bio-medical, socio-medical, socio-demographic and program research, (2) supply and deliver quality contraceptive goods and services directly and through non-Governmental intermediaries and (3) stimulate contraceptive acceptance through mass media communication.

II. PROGRAM COSTS

This AID Population Project will provide approximately US\$ 74 million over the seven-year period beginning in FY 82 to assist the GOP in implementation of its Population Plan. During this period, GOP contribution is directed to AID funded activity components will be approximately \$70 million.

III. A.I.D. ASSISTANCE ACTIVITIES

In achieving its purposes of strengthening GOP capability to plan and conduct research, supply and deliver contraceptives and promote contraceptive acceptance, AID will finance the following eight components:

Component 1: Program Monitoring, Research and Evaluation.

Component 2: Contraceptive Supplies and Logistic Support.

Component 3: Voluntary Surgical Contraception.

Component 4: Support to Non-Governmental Organizations.

Component 5: Support to District Operations.

Component 6: Mass Media Campaign.

Component 7: The Mid-level Management Training.

Component 8: Personal Motivation

Activities, inputs and outputs of each component are described in the following section.

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IV. PROJECT COMPONENT DESCRIPTION

A. Component 1: Program Monitoring, Research and Evaluation:

This component incorporates the previously entitled "Management Information, Research and Evaluation", and "National Institute of Technical Research" components in the original Project Description. It is designed to enhance research capabilities within the country, assist in developing a capacity for generation of reliable and timely program data and promote the wide dissemination of program and research findings. The purpose of this activity is to improve the level of informed decision-making affecting the population planning program.

The project outputs will include the full functioning of three population research entities, namely, the National Research Institute of Reproductive Physiology, the National Institute of Fertility Control and the Monitoring and Statistics Wing of the Population Welfare Department.

Implementation consists of provision of long and short term technical assistance, training of GOP personnel, acquisition of commodities and construction. These requirements will be largely met through buy-ins to centrally funded AID contracts, host country reimbursement and fixed amount reimbursement (FAR) agreements where applicable.

B. Component 2: Contraceptive Supplies and Logistic Support:

The purpose of this component is to improve the logistic system and provide additional contraceptive supplies including condoms, intrauterine devices, oral and injectable contraceptives. The output of this component will be the smooth and regular supply of these materials to service outlets to meet client demand. Implementation will involve technical assistance, training and the provision of contraceptive supplies. These requirements will be met through an existing technical assistance agreement, host country reimbursement, worldwide procurement of contraceptives by AID/W through GSA, and FAR agreements where applicable.

C. Component 3: Voluntary Surgical Contraception:

The Voluntary Surgical Contraception component will fund the institutional cost of delivery of surgical contraceptive services through GOP approved outlets. The expected outputs of this component include the creation of additional Population Welfare Division service sites, additional non-governmental service sites, two voluntary surgical contraceptive training centers and a voluntary surgical contraceptive supervision and monitoring system. Implementation will be through technical assistance, training and institutional reimbursement for voluntary surgical contraception. The method of implementation will be through buy-ins from centrally funded agreements, host country contracting, and FAR Agreements where applicable.

D. Component 4: Support to Non-Governmental Organizations

The purpose of this component is to support non-governmental organizations and to broaden the role of NGOs in the delivery of family planning services. This component will provide technical assistance, training and performance financing for the institutional development of the NGO Coordinating Council. These requirements will be met through host country reimbursement and FAR Agreements where applicable. Disbursements will be linked to the NGO Coordinating Council's progressive achievement of performance objectives.

E. Component 5: Support to District Operations

The purpose of this component is to establish, on an experimental basis, tehsil (sub-district) level administrative units first in the Punjab province, then, if successful, in the remaining provinces. These tehsil units will provide intermediary management to improve contraceptive outlet performance. Funding will be provided based on GOP certification of its performance at establishing in each unit the agreed inputs and the full functioning of each unit thereafter.

Implementation will be carried out by the Government of Pakistan (GOP). The GOP and USAID will spot monitor on a continual basis the units established in order to verify disbursement levels.

F. Component 6: Mass Media Campaign:

The Mass Media Campaign is designed to reach individuals for the potential latent need for the contraceptive goods and services. It will fund market research, small scale field testing, mass media coverage and evaluation of that coverage on family planning attitudes, knowledges and behaviors. The output will be nationwide mass communication programs communicating effective family planning messages.

Implementation will occur through technical assistance and a host country contract with a local advertising firm. The technical assistance will be provided by a buy-in into an existing cooperative agency agreement and host country reimbursement.

G. Component 7: Mid-Level Management Training:

This component provides funds for non-clinical training for the professional development of future managerial staff throughout the broad range of Pakistani institutions engaged in family planning activities. The expected output is an overall increase in the level of management in the Population Welfare Department. This will be provided through long and short-term training implemented through AID direct placement and reimbursement.

H. Component 8: Professional Personal Awareness/Motivation

This component provides educational programs for national provincial and community leaders who potentially could play an important role in supporting the family planning program. This will be achieved through number of short term training and observational visits to the U.S. and third world countries by professional and managerial personnel, federal, provincial and district authorities as well as prominent influential Pakistanis from the public and private sector. It will also fund visits to Pakistan by U.S. population, health, demography, social science, education and other experts to consult or teach in population related activities. Implementation will be through AID direct placement and invitational travel.

I. Project Evaluation

Funds will also be provided in this project for short term technical assistance for conducting external evaluations to assess progress towards accomplishing the stated goal and purpose and to examine each project component against the input and output indicators.

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COMMODITY NEEDSA. NATIONAL RESEARCH INSTITUTE FOR FERTILITY CONTROL (NRIFC)

(Rs 15.9 = 1\$)

1. Illustrative list of Chemical and Supply Costs (all research units)
(Rs. '000)

<u>Items</u>	<u>Total Cost</u> (Rs)
Chemicals/Reagents	
Inorganic	156.0
Organic	100.0
Biochemicals	
Antibodies, Isotopes, IA Kits, etc.	156.0
Glassware and Plastics	
Beakers, flasks, funnels, burettes, cylinders, etc.	195.0
Disposables	
Centrifuge tubes, microtubes, syringes, etc.	156.0
Laboratory Hardware	
Ring clamps, clamp holders, thermometers, power regulators, etc.	115.0
Voltage Stabilizers (110/220)	
500 Watt (15)	24.0
1000 Watt (15)	34.0
Miscellaneous	156.0

2. Illustrative list of Non-Expendable Instruments and Equipment
(Rs. '000)

<u>Item</u>	<u>Quantity</u>	<u>Unit Cost</u> <u>Rs.</u>	<u>Total Cost</u> <u>Rs.</u>
<u>Audiovisual Equipment and Teaching Aids</u>			
Overhead Projector	2	6.3	12.6
35mm Slide Projector	4	7.0	28.0
16mm film projector with portable screen	2	18.7	37.4
VCR unit	2	46.8	93.6
Microphone, amplifier and speakers	1	6.5	6.5
Items less than Rs 780	20	0.8	16.0
Items from Rs 780-1,560	10	1.0	10.0
Items from Rs 1,560-3,900	5	3.9	19.5

Balance Room

Mettler analytical balance, semimicro	1	48.3	48.3
Calculating printer for balance	1	4.4	4.4

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Data output unit (011) for balance	1	3.2	3.2
Balance table, epoxyn	1	12.9	12.9
Items costing less than Rs. 780	10	0.8	8.0
Items costing from Rs. 780 to 1,560	10	1.6	16.0
Items costing from Rs. 1,560 to 3,900	10	3.9	10.9

Biochemistry/Clinical Pathology Laboratory

Microhematocrit centrifuge	1	12.5	12.5
Desk top Centrifuge	1	17.1	17.1
Torsion Balance (120g)	1	7.8	7.8
Balance weights (1-50gm)	1 set	3.9	3.9
Circulating water bath	1	23.0	23.0
Water bath cover	1	3.8	3.8
21 cubic foot refrigerator with 20° C freezer unit	1	17.2	17.2
Autoanalyzer, 8 parameters	1	187.2	187.2
Sterilizer bench top (24 x 16" chamber)	1	62.3	62.3
Melting point apparatus, electrothermal	1	12.3	12.3
Phase contrast microscope	1	12.8	21.8
Accessories for microscope	1	7.8	7.8
Boiling point elevation apparatus	1	3.1	3.1
Freezing point depression apparatus	1	2.3	2.3
Pressure/vacuum pump	2	9.5	18.0
Fume hood, perchloric by-pass model	1	140.4	140.4
pH/mV Meter, (ACC 800)	1	8.6	8.6
Temperature compensator probe for pH meter	1	1.3	1.3
Eppendorph digital pipetes	3	2.6	7.9
Tips and Accessories for digital pipets	1 set	4.7	4.7
Recorder, 1 channel with event marker	1	18.7	18.7
Vari-span input adapter for recorder	1	1.6	1.6
Accessories (pens, paper) for recorder	2 units	1.6	3.2
Digital Timer	1	2.2	2.2
Air Compressor	1	14.4	14.4
Items costing Less than Rs. 780	20	0.8	16.0
Items costing from Rs.780 to 1,560	20	1.6	32.0
Items costing Rs. from 1,560 to 3,900	10	3.9	39.0

Centrifuge Room

Centrifuge, high speed (B-20A)	1	148.8	148.8
Rotors: (8x50 ml)	1	20.7	20.7
(6x250 ml)	1	26.3	26.3
Items costing less than Rs. 780	10	0.8	8.0
Items costing from Rs. 780 to 1,560	10	1.6	16.0
Items costing from Rs. 1,560 to 3,900	10	3.9	39.0

Cold Room and Adjacent Room

Deep Freeze, upright (-10° to -35° C)	1	54.5	54.5
Walk-in cold room frame and door	1	23.4	23.4
Items less Rs. 780	20	0.8	16.0
Items from Rs. 780 to 1,560	20	1.6	32.0
Items from Rs. 1,560 to 3,900	5	3.9	19.5

Consultant's Laboratory

Microcomputer with printer & software	1	78.0	78.0
Mettler Industrial scale	1	13.0	13.0
Microcentrifuge	1	17.2	17.2
pH/mM meter (ACC 800)	1	8.6	8.6
Temperature compensator probe	1	1.3	1.3
Certified buffer solutions (pH 1-10)	1 set	7.8	7.8
Combination electrodes	6	1.6	9.6
Reference electrodes	3	0.8	2.4
Recorder, 2-channel	1	26.5	26.5
Accessories for recorder	1	4.8	4.8
Refrigerator/freezer (under counter)	1	11.9	11.9
Double beam, scanning spectrophotometer	1	46.8	46.8
X-Y recorder	1	34.3	34.3
Magnetic stirrer, submergible	1	1.8	1.8
Items costing less than Rs. 780	25	0.8	20.0
Items costing from Rs. 780 to 1,560	25	1.6	40.0
Items costing from Rs. 1,560 to 3,900	10	3.9	39.0

Contraceptive Testing Laboratory

Torsion balance (120g)	1	7.8	7.8
Balance weights (1-50g)	1 set	3.9	3.9
Heating mantle	1	4.7	4.7
Stirrers, standard-size (200 M)	1	1.8	1.8
Hot plate, stirring	1	3.3	3.3
Incubator, bench top	1	6.9	6.9
Back-up thermostat for incubator	1	1.6	1.6
pH/mV meter	1	8.6	8.6
Items costing less than Rs. 780	20	0.8	16.0
Items costing from Rs. 780 to 1,560	10	1.6	32.0
Items costing from Rs. 1,560 to 3,900	5	3.9	19.5

Dish Washer/Dryer/Water Distillary Room

Dish washer/Dryer (electric, 35 AMP)	1	62.4	62.4
Glassware cart	2	2.9	7.8
Pipet Cleaning Equipment Washers/Rinsers	3 sets	1.6	3.8

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Pipet Baskets	3 sets	0.8	2.4
Pipet Jars	3 sets	0.5	1.5
Pipet cleaners	3 sets	0.5	1.5
Pipet Jar Container	3 sets	1.8	5.4
Still (water distillation) 6 liters/hr	1	37.2	37.2
Storage bottles, glass	3	3.0	10.0
Storage bottles, polypropylene	6	1.6	6.0
Automatic collection bottle	2	15.6	31.2
Deionizer for still double cartridge	2	12.1	24.2
Disposable cartridges			
Inorganic	2 cases	4.2	8.4
Organic	2 cases	3.8	7.6
Accessories for deionizer	1	3.2	3.2
Items costing less than Rs.780	20	0.8	16.0
Items costing from Rs.780 to 1,560	20	1.6	32.0
Items costing from Rs. 1,560 to 3,900	5	3.9	19.5

Histopathology Laboratory

Table top centrifuge	1	5.4	5.4
pH/mV meter	1	7.8	7.8
Torsion balance (120 gm)	1	7.8	7.8
Balance weights (1-50 gm)	1 set	3.9	3.9
21 cubic foot refrigerator with -20° freezer unit	1	17.2	17.2
Versa-bath (20 liter) with cover	1	10.1	10.1
Shaker bath	1	15.6	15.6
Air compressor, oil less	1	14.4	14.4
Heating mantle	1	4.7	4.7
Hot Plate, stirring	1	3.3	3.3
Hot plate; standard mid-size	1	1.6	1.6
Stirrers, magnetic 120 M	2	1.6	3.2
Lab incubator	1	6.9	6.9
Back-up thermostat for incubator	1	1.6	1.6
Tube incubator	1	4.7	4.7
Isotemp Dry bath	1	1.8	1.8
Clamp on magnifier-illuminator	1	2.6	2.6
Microscope, stereoscopic, dissecting	1	5.7	5.7
Lab oven, forced convection	1	10.1	10.1
Temperature controller	1	2.6	2.6
pH/mV meter	1	8.6	8.6
Temperature compensator probe for pH meter	1	1.3	1.3
Eppendorf digital pipettes	3	2.6	7.9
Tips and accessories	1 set	4.7	4.7
LED thermometer	1	1.8	1.8
Digital timer	1	2.2	2.2
60 minute timer	3	0.6	1.8
Items costing less than Rs. 780	20	0.8	16.0
Items costing from Rs. 780 to 1,560	20	1.6	32.0
Items costing from Rs. 1,560 to 3,900	10	3.9	39.0

Pathologist's Laboratory/Office

Binocular Microscope	1	37.4	37.4
Accessories: slide holders, trays, storage cabinet, illuminator	1 set	31.2	31.2
Microtome	1	54.5	54.5
Microtome knife sharpner	1	43.5	43.5
Items costing less than Rs. 780	10	0.8	8.0
Items costing from Rs. 780 to 1,560	10	1.6	16.0
Items costing from Rs. 1,560 to 3,900	5	3.9	19.5

Preparation Room

Variable transformer	7	1.9	14.9
Items costing less than Rs. 780	10	0.8	8.0
Items costing from Rs. 780 to 1,560	10	1.6	16.0
Items costing from Rs.1,560 to 3,900	20	3.9	78.0

RIA Laboratory (Beta Room and Gamma Rooms)

21 cubic feet refrigerator with -20° C freezer unit	1	17.2	17.2
Portable geiger counter	1	3.5	3.5
pH/mV meter	1	8.6	8.6
Diluter/Dispensor, microliter, automatic	1	37.9	37.9
Accessories	1 unit	15.6	15.6
Hamilton microliter glass syringes	6	0.8	4.6
Scintillation counter	1	234.0	234.0
Accessories for counter	1	46.8	46.8
Gamma counter	1	156.0	156.0
Accessories for counter	1	31.2	31.2
Fume Hood, Perchloric chloric by-pass model	1	140.4	140.4
Items costing less than Rs.780	20	0.8	16.0
Items costing from Rs. 780 to 1,560	20	1.6	32.0
Items costing from Rs.1,560 to 3,900	10	3.9	39.0

RIA Laboratory (Storage/Waste Disposal Room)

31 cubic foot refrigerator/freezer	1	21.3	21.3
Radioactive spill kits	6	1.8	10.8
Items costing less than Rs. 780	10	0.8	8.0
Items costing from Rs. 780 to 1,560	10	1.6	16.0
Items costing from Rs. 1,560 to 3,900	5		19.5

Repair/Maintenance Shop

Electronic tools and parts	1	62.4	62.4
Electrician and Plumbing tools	1	15.6	15.6
Spare parts	1	32.1	32.1

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Contacts for instrument & equipment	10	4.7	47.0
Microcomputers, photocopiers			
Biomedical instruments,			
PABX system, etc.			
Items costing less than Rs.780	25	0.8	20.0
Items costing from Rs. 780 to 1,560	25	1.6	40.0
Items costing from Rs. 1,560 to 3,900	5	3.9	19.5

Sociodemographic/Statistics Division

Microcomputer	1	54.6	54.6
Printer, letter quality	1	23.4	23.4
Analog plotter 4 pen	1	31.2	31.2
Bernoulli Box (2x10 mega byte)	1	39.0	39.0
Software - WP, spread sheet,			
statistical, SPSS	10	7.8	78.0
Photocopier, desk top	1	65.5	65.5
UPS system, 5 KVa	1	78.0	78.0
Items costing less than Rs.780	20	0.8	16.0
Items costing from Rs. 780 to 1,560	20	1.6	32.0
Items costing from Rs.1,560 to 3,900	10	39.0	39.0

Administrative Division

Typewriter, manual (Urdu)	4	7.8	31.0
Typewriter, electric (English)	4	24.4	97.6
Calculator, desktop with paper output	2	4.1	8.2
Duplicator	1	39.1	39.1
Photocopier, desktop	2	65.5	131.0
Microcomputer with printer & software	1	78.0	78.0
PABX telecommunication system,			
includes 5 trunk lines and			
25 extension lines, phones			
installation and cables		126.5	126.5
Safe	1	4.2	4.2
Stainless steel record files	3	4.1	12.3
Items costing less than Rs. 780	10	0.8	8.0
Items costing from Rs. 780 to 1,560	5	1.6	8.0
Items costing from Rs.1,560 to 3,900	5	3.9	19.5

Library

Reproductive Medicine Books:

Text books, research volumes			
symposia, proceedings	250	0.4	100.0

Journal Subscriptions

Endocrinology, J. Clin.			
Endocrinology, IJGO, AJOB, AJPN,			
Fertility and Sterility, BBA, BBRC			
AJM, NEJM, OB/GYN REV.			
JBC, Biochemistry, J. Cell			
Biology	30	.8	24.0
Card Index system	1	.8	7.8
Items costing less than Rs.780	10	.8	8.0
Items costing from Rs.780 to 1,560	10	1.6	16.0
Items costing from Rs.1,560 to 3,900	5	3.9	19.5

B. NATIONAL INSTITUTE FOR REPRODUCTIVE PHYSIOLOGY (NRIRP)
(Rs 15.9 = 1\$)

1. Illustrative list of Priority Instruments and Equipment
(1st year procurements)
(Rs. '000)

<u>Total Cost</u>	<u>Item</u>	<u>Quantity</u>	<u>Unit Cost</u>
Deep freeze, 10.3 cubic foot (-60° to -90° C)	1	108.0	108.0
Sterilizer, (26 x 16 in.)	1	62.3	62.3
Still (water distillation) 6 liters/hr	1	37.2	37.2
Storage bottles, glass	3	3.0	10.0
Storage bottles, polypropylene	6	1.6	6.0
Automatic collection bottle	2	15.6	31.2
Deionizer for still, double cartridge	2	12.1	24.2
Disposable cartridges			
Inorganic	2 cases	4.2	8.4
Organic	2 cases	3.8	7.6
Accessories for deionizer	1	3.2	3.2
Binocular Microscope	1	37.4	37.4
Accessories: slide holders, trays, storage cabinet, illuminator, and 35 mm camera	1 set	31.2	31.2
Split-beam spectrophotometer (190-950 nm)	1	187.2	187.2
Recorder interface	1	3.9	3.9
Computer interface	1	9.4	9.4
Automatic sample handler	1	47.8	47.8
Ambient flow cell assembly	1	20.3	20.3
Installation kit	1	5.5	5.5
Peristaltic pump	1	5.5	5.5
Cable	1	1.5	1.5
Diluter-pipetter	1	49.8	49.8

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Microcomputer, PC	1	54.6	54.6
X-Y Recorder	1	23.4	23.4
Liquid scintillation counter, 3- channel with on-line data reduction and statistical analysis	1	780.0	780.0
Accessories for counter	1	31.2	31.2
Gamma Counter, multipass, 2-channel with on-line capability	1	390.0	390.0
Accessories for gamma counter	1	31.2	31.2
Rotary vacuum evaporator	2	30.6	61.2
Analytic balance, micro	1	110.0	110.0
Calculating printer for balance	1	4.4	4.4
Data output unit (011) for balance	1	3.2	3.2
Balance table, epoxy	1	12.9	12.9
Ultracentrifuge (M-60) refrigerated	1	444.6	444.6
Accessories for centrifuge	1 set	32.1	32.1
Rotors			
(8 x 50 ml)	1	69.1	69.1
(6 x 75 ml)	1	71.6	71.6
Calculator, desk top with paper output	2	4.1	8.2
pH/mV/Ion meter (ACC 805)	1	21.8	21.8
Temperature compensator probe for pH meter	1	2.8	2.8
Dot matrix printer for pH meter	1	3.5	3.5
Certified buffer solutions (pH 1-10)	1 set	7.8	7.8
Combination electrodes	6	1.6	9.6
Microcombination electrodes	3	1.6	4.8
Specialized ion electrodes, sodium, potassium, calcium	3	5.5	16.5
Reference electrodes	3	0.8	2.4
Diluter/dispenser, microliter, automatic	1	37.9	37.9
Accessories for diluter/dispenser	1 unit	15.6	15.6
Gieger counter, portable	1	3.5	3.5
Hamilton microliter glass syringes	6	0.8	4.6
Radioactive spill kits	6	1.8	10.8
Sonic dismenbrater	1	29.6	29.6
Photocopier, desk top	1	65.5	65.5
Printer, microcomputer	1	23.4	23.4
Analog plotter	1	31.2	31.2
Software, WP, spread sheet statistical, SPSS	10	15.6	15.6
Isoelectric focusing system	1	20.3	20.3
Power supply	1	23.4	23.4
IF KIT	1	5.5	5.5
IF pH profiling	1	7.8	7.8
Freeze-Dry (lyophilizer)	1	78.7	78.7
Fraction collector, time-, drop- or volume based collector, 200 test tubes	1	42.9	42.9

Peristaltic pump	2	23.4	46.8
Chromatography, TLC system	1	23.4	23.4
Water bath, shaking	1	31.2	31.2
Accessories for water bath	1 set	15.6	15.6
Mixer, Vortex	2	1.6	3.2
Centrifuge, refrigerated (6000 ml capacity)	1	148.2	148.2
Rotors	3	9.3	28.1
Accessories for centrifuge	1	15.6	15.6
Items costing less than Rs.780	20	0.8	16.0
Items costing from Rs.780 to 1,560	20	1.6	32.0
Items costing from Rs.1,560 to 3,900	20	3.9	78.0

2. Illustrative list of Chemical and Supply costs (all research units)
(Rs. '000)

<u>Item</u>	<u>Total Cost</u> <u>Rs.</u>
Chemicals/Reagents	
Inorganic	100.5
Organic	78.0
Biochemicals	
Antibodies, Isotopes, RIA Kits, etc.	137.3
Glassware and Plastics	
Beakers, flasks, funnels, burets, cylinders, etc	112.8
Disposables	
Centrifuge tubes, microtubes, syringes, etc.	131.0
Laboratory Hardware	
Ring clamps, clamp holders, thermometers, power regulators, etc.	87.5
Voltage Stabilizers (110/220)	
500 watts (10)	16.0
1000 watts (10)	22.6

C. Illustrative list of Estimated Annual Recurrent Program Costs¹/
(Rs. '000)

<u>Items</u>	<u>Total Costs</u> <u>Rs.</u>
RIA Laboratory	
New instruments/equipment	390.0
Repair/maintenance	78.0
Chemical and Supplies	390.0

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Reproductive Physiology Laboratory	
New instruments/equipment	117.0
Repair/maintenance	39.0
Supplies	117.0
Reproductive Pharmacology/Toxicology Laboratory	
New instruments/equipment	117.0
Repair/maintenance	34.0
Supplies	78.0
Organ/Tissue Culture Laboratory	
New equipment	78.0
Repair/maintenance	19.5
Supplies	39.0
Animal Facilities	
New instrument/equipment	34.0
Repair/maintenance	19.5
Supplies	39.0
General	
New equipment	39.0
Repair/maintenance	19.5
Supplies	39.0
Library	
New books	39.0
Journal subscriptions (30)	24.0
Supplies	<u>31.2</u>

1/ Does not include utilities (electricity, water, sewage/garbage, telephone and telex) and building and grounds maintenance which are paid by GOP.

C. NIPS

1. Office/Audio Visual Equipment

Items

Book cases
Copy machine
Tyewriters
Calculators
Audio-visual writer (1)
Audio-visual aids

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C. Monitoring and Statistics

a. Hardware	<u>Cost</u> (US\$)
1 IBM-AT with 10 megabyte hard disk and 512K RAM.....	4,000
1 Bernoulli Box.....	2,500
1 B&W monitor.....	500
1 Letter quality printer.....	1,000
1 Dot matrix printer.....	800
1 Plotter.....	1,500
 2 IBM-PC units for workstations @ 2000 each	 4,000
 3 UPS Systems @ 1000 each	 3,000
 b. Software	
1 Fortran Compiler	250
1 Pascal compiler	500
1 Data management program	500
1 Spreadsheet program	400
1 Word processing program	750
3 Data entry program @ 500	1,500
 c. Supplier	
Diskettes, Bernoulli cartridges, cables ribbons, paper, documentation etc.	2,000
 d. Maintenance	 1,700

* The costs for a scaled down microcomputer system for each of the provinces (estimated at \$10,000 each) can be covered under the data processing line item in the original project paper.

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THE POPULATION WELFARE RESEARCH PROGRAM

I. National Research Institute of Fertility Control (NRIFC): Illustrative List of Research Topics

A. COMPLETED STUDIES

Since 1982 the following studies have been completed and final reports prepared:

GOP-funded

<u>Title</u>	<u>Date</u>	
	<u>Initiated</u>	<u>Completed</u>
1. Lactation, Resumption of Menses and Birth Interval	Oct/1982	March/1985
2. Study of the Biochemical Changes in the Endometrium of Normal Menstruating, IUD Users and Infertile Women	July/1982	June/1985
3. Plasma steroid and Gonadotrophin Profiles in Normal Menstruating Pakistani Women	July/1982	June/1985
4. Effects of IUD on the Fibrinolytic Activity of the Endometrium	July/1982	June/1985
5. Postcoital Pill Study using Postinor (levonorgestrel)	Oct/1982	March/1984
6. Comparative Trial of Multiload CU-250 and CU-T-200	Mar/1982	Sep/1985

CWO/CCCR-funded

1. Field trial of Injectable Norigest	Oct/1979	Dec/1983
2. Epidemiological Study of Infertility ("Infertility in Pakistan")	Jan/1983	Mar/1985
3. Comparative Trial of Depo-provera in 150 mg and 100 mg Dosages	July/1982	Aug/1984

B. CURRENT ACTIVITIES

The following studies/surveys currently are in progress:

GOP-funded

1. Clinical Trial of the Chinese "once-a-month" pill.
2. Comparative Trial of Two Minipills: Exluton and Ovrette.
3. Long-term Follow-up Study of the Lippes IUD.

WHO/CCR-funded

1. Patterns of Family Formation and Family Health in Rural Pakistan.
2. A comparative study of Copper-T220-C and Alza-T IPCS IUDs: Interval Insertion Multiparous Patients^{2/}.
3. Study of Post Partum Contraception: A Comparison of Different Pill Regimens.
4. Impact of Integration of Family Planning with MCH and other Development Programmes.

FHI-funded

1. Comparative Trial of Cyclo-provera and HRP-102 Injectables given monthly.

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C. RECOMMENDED STUDIES

PWD-funded

1. Comparative study of Laparoscopy and Minilaparotomy. (2 year follow-up study of side effects and satisfication.)
2. Comparative Trial of Pre-sterilized and Chemically disinfected (using Dato1) Lippes Loops.
3. Knowledge and Attitude of General Practitioners about Contraception.
4. Estimation of the Progesterone in Saliva by RIA.
5. Acceptability and Retention Rates of Lippes Loops in Pakistan.
6. Effects of Hormonal Contraception on Certain Aspects of Intermediary Metabolism.
7. Determination Ovulation in Breast Feeding and Non-breast Feeding Mothers.

A.I.D.-Recommended Studies

1. Clinical Trial Comparing the Progetin-only Minipill with a Low-dose Combination Pill in Lactating Women. Client Selection will consist of lactating women 4-8 weeks postpartum. Variables shall include continuation rates; failure rates; effect on lactation; and side effects such as weight gain, BTB and spotting.
2. Sociodemographic Profile of Sterilization Acceptors (Male and Female). Variables shall include age; parity; number of living and dead children; interval from last pregnancy to sterilization; and referral mechanism of clients, e.g. self, previous acceptor or field worker.
3. Sociodemographic Profile of IUD Acceptors. Variables shall include age; parity; number of living and dead children; continuation rates; and subsequent contraceptive use. It is important to know if Age/Parity of IUD acceptors overlaps with that of sterilization acceptors and if IUD is being used as birth spacer or competing with sterilization.
4. Decision-Making Process of Couples Accepting Sterilization. Variables will include how decision reached; how long interval from interest to acceptance; and voluntarism and informed consent.
5. Follow-up study of Morbidity Associated with Sterilization by Method. Variables will include medical complications early (1 week or less); late (up to 2 years); type (minor/major); and failure rates.
6. Clinical Trial Assessing the Efficiency, Safety and Acceptance of the NORPLANT R Contraceptive Implant (NCI) System. Variables will include standard FHI protocol for Phase I studies in Nepal and Bangladesh.
7. Effect of NCI System on Metabolic Liver/Kidney Function and Sex Esteroid and Polypeptide Hormone Levels. Variables will include liver function: LDH, SGOT, SGPT, bilirubin; lipids: cholestrol, LDLs, HDLs; sex steroids: E2, progesterone; and polypeptides: FSH, LH, prolactin.
8. Survey of Anesthesia Regimes used by Physicians Performing Minilapurotony and Laparoscopic Sterilizations. Methodology will consist of the review of medical records; interviews with MDs; and observation of MDs actually performing operations.

II. National Institute of Population Studies (NIPS): Illustrative List of Research and Evaluation Topics

A. Research

1. Male Attitudes towards contraception: The differential of rules and responsibilities between men and women with regards to family making decisions in Pakistani culture. A sub-sample of males should be matched against a sub-sample of women interviewed in the 1984 CPS. This will provide crucial information about the nature of the decision-making process on family size and, particularly important how males perceive family planning.
2. Fertility Change and Modernization in the Pakistani Punjab: A recent study of the Indian Punjab has documented a substantial change in attitudes towards family size over the past ten years. The change was attributed to both the availability of contraception and changes in the perceived value of having children. A similar study of the Pakistani Punjab, the most modernized region of the country, could be very illuminating.
3. Population Growth and Development in Pakistan: A systematic study of the demographic impact on different development sectors. The study would include producing demographic projections to analyze the influence of population on sectoral development plans and policies.
4. Annual Report on the State of Pakistan's Population: A Study and report describing the current state and trends of the country's demographic characteristics. This would include population size and distribution, fertility, mortality and migration as well as population program characteristics. As part of the study a demographic wall chart of Pakistan would be published.

B. Evaluation Studies

1. Attitudes Towards Voluntary Surgical Contraception: This study would analyze the socio-economic and demographic characteristics of women who have received sterilization. The study would also examine their husband's attitudes towards sterilization and the decision-making process associated with undergoing voluntary sterilization.
2. Contraceptive Prevalence Survey: A second prevalence survey should be undertaken in 1988 to measure changes in contraceptive attitudes and practices. The survey should also include a health module to measure conditions of infant and child health.
3. Communication of Family Planning Message: A study to determine the effectiveness of the population program's communications strategy. The study would examine how couples perceive the messages on family planning, and what other messages might be more effective in communicating the benefits of family planning.
4. Commercial Availability of Contraception: A survey of pharmacies to assess the extensiveness of contraceptives through the private commercial market. The survey would also examine the strength of the commercial contraceptive market, and determine how

knowledgable pharmacists are about the contraceptive products they distribute (e.g., orals and injectables).

5. Operation Research: NIPS should sponsor a workshop in collaboration with PWD (M&S Wing) in which priority operation research (OR) topics can be identified and draft methodologies can be developed. The workshop should be done with the assistance of an organization experienced in OR, such as the University Research Cooperation or the Population Council.

III. Monitoring and Statistics Wing (M&S): Illustrative List of Program Monitoring Studies

1. Small-scale Analysis of Reproductive Health Units (A and B) and Mobile Reproductive Health Camps: The objective is to determine the age and parity of contraceptive surgery clients and to verify the number of cases. The study would also assess client satisfaction and monitor the amount of follow-up that takes place after contraceptive surgery. The duration is 6-9 months and the estimated cost is \$10-20,000.
2. Survey of Family Planning Clients at Selected FWCs: The objective is to obtain a socioeconomic profile of clients and to identify reasons for program drop-outs. The duration is 12 months and the estimated cost is \$15-20,000.
3. Small scale Analysis of Contraceptive Distribution Agents in Key Areas: The objective is to more accurately determine factors affecting offtakes (purchases) from these program outlets; to explore the means of increasing the popular usage of public program distribution agents; and to assess the potential for point of sale advertising for public program contraceptives. The duration is 9-12 months and the estimated cost is \$10-20,000.
4. Study of the Continuation Rates for Various Contraceptive Methods: The objective is to update studies done almost twenty years ago on the continuation rates for IUDs, condoms, and pills. The duration is 12 months and the estimated cost is \$15-20,000.
5. Survey of All District Population Welfare Officers: The objective is to assess the adequacy of provincial and federal support to various program tasks (e.g. commodities, targets, training, and IE&C); and to obtain suggestions for program modification and improvement. (This survey should be done in time for the first DPWO seminar.) The duration is 6-9 months and the estimated cost is \$5-10,000.

Each study will include a detailed summary report of findings which can be distributed to program administrators at all levels (district, province, and federal), to the donor community and other interested GOP ministries and policymakers. In addition, the M&S Wing will sponsor a 1-3 day seminar to disseminate and discuss the program implications of the key findings for each study with PWD staff and the donor community.

DETAILED FINANCIAL ANALYSIS

As outlined below, the following detailed budgets and cost assumptions are contained in the following pages.

Component 1.	Program Monitoring, Research and Evaluation
Component 2.	Contraceptive Supplies and Logistic Support
Component 3.	Voluntary Surgical Contraception
Component 4.	Support to NGOs
Component 5.	District Operations
Component 6.	Mass Media Campaign
Component 7.	Mid-level Management Training

The following budgets are illustrative. Quantities and costs may change as circumstances warrant.

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P.W.P. PROJECT AMENDMENT
ALL COMPONENTS
(TOTAL FUNDING IN 000 DOLS)

Project Components	US FY 1986	US FY 1987	US FY 1988	US FY 1989	Total
	Cost	Cost	Cost	Cost	Cost
1. Program Monitoring, Res & Evaluation					
A. NIPS	0	0	0	0	0
B. NRIFC	536	195	681	366	1,778
C. NRIRP	35	896	605	507	2,043
D. M&S	97	439	452	233	1,221
Sub-Total (Component 1)	668	1,530	1,738	1,106	5,042
2. Contracep Supplies & Logistic Support	24	6,175	3,414	30	9,643
3. Voluntary Surgical Contraception	860	1,130	1,327	2,009	5,326
4. Support to NGO Activities	147	881	1,066	1,107	3,201
5. District Operations	112	160	180	188	640
6. Communication/Mass Media	425	1,731	1,841	1,646	5,643
7. Mid-Level Management Training	31	118	187	196	532
Sub-Total	2,267	11,725	9,753	6,282	30,027
Evaluation	0	150	0	150	300
Sub-Total	2,267	11,875	9,753	6,432	30,327
Contingency	306	1,425	1,170	772	3,673
GRAND TOTAL	2,573	13,300	10,923	7,204	34,000

COMPONENT 1: Program Monitoring, Research and Evaluation
Detailed Budget

A. Fertility Control Research: NRIFC

Category of Expenses	Unit Cost	US FY 1986		USFY 1987		US FY 1988		US FY 1989		Total	
		Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost
1. TECHNICAL ASSISTANCE											
a. Long Term											
Med/Tech/Laboratory (12 PM)	18,252	0	0	0	0	3	60,368	9	190,161	12	250,529
b. Short Term											
Salary & Allowances											
Data Coll/Proj Design (1 PM)	13,781	0	0	1	14,470	0	0	0	0	1	14,470
R.I.A. Technology (1 PM)	13,781	0	0	1	14,470	0	0	0	0	1	14,470
Bio-Chemistry (1 PM)	13,781	0	0	1	14,470	0	0	0	0	1	14,470
Computer Program (3 PM)	13,781	0	0	0	0	0	0	3	47,861	3	47,861
Histo-Pathology (3 PM)	13,781	0	0	0	0	3	45,581	0	0	3	45,581
Soc. Science Stats. (3 PM)	13781	0	0	0	0	3	45,581	0	0	3	45,581
Cytology (3 PM)	13781	0	0	0	0	0	0	3	47,860	3	47,860
Sal/All Short Term TA		0	0	3	43,411	6	91,162	6	95,720	15	250,293
Travel	6,066	0	0	3	19,108	2	13,376	2	14,044	7	46,528
Sub Total (Short Term TA)		0	0	62,519	104,538	109,765	276,821				
TOTAL TECHNICAL ASSISTANCE		0	62,519	164,906	299,925	527,550					
2. TRAINING											
a. Long Term Training											
Tuition and Board											
Demog. & Statistics (24 PM)	1,874	0	0	9	17,709	12	24,793	3	6,508	24	49,010
Clin/Path/Bio-Chem. (12 PM)	1,874	0	0	0	0	9	18,595	3	6,508	12	25,103
Endoc/R.I.A. (12 PM)	1,874	0	0	3	5,903	9	18,595	0	0	12	24,498
Sub-Total (Tuition & Board)		0	0	12	23,612	30	61,983	6	13,016	48	98,611
Travel	2,674	0	0	1	2,808	1	2,948	1	3,095	3	8,851
Sub-Total (Long Term Training)		0	26,420	64,931	16,112	107,463					
b. Short Term Training											
Tuition and Board	3,418	0	0	12	43,067	7	26,378	9	35,611	28	105,056
Travel	2,674	0	0	6	16,846	3	8,844	3	9,286	12	34,977
Sub-Total (Short Term Training)		0	59,913	35,223	44,897	140,033					
TOTAL TRAINING		0	86,333	100,153	61,009	247,496					

NRIFC

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Category of Expenses	Unit Cost	US FY 1986		USFY 1987		US FY 1988		US FY 1989		Total	
		Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost
3. COMMODITIES											
a. Furn & Eq for T.A.	40,668	0	0	0	0	1	44,836	0	0	1	44,836
b. Chemicals & Supplies	0	0	0	30,000	0	38,679	0	0	0	0	68,679
c. Instruments & Equipment	0	0	0	0	0	276,667	0	0	0	0	276,667
d. Library Acquisitions	0	0	0	11,025	0	0	0	0	0	0	11,025
e. Computers/Supplies/Maint.	0	0	35,000	0	5,000	0	5,000	0	5,000	0	50,000
TOTAL COMMODITIES			35,000		45,025		365,182		5,000		451,207
4. CONSTRUCTION											
	0	0	501,096	0	0	0	0	0	0	0	501,096
5. OTHER COSTS											
a. Logistic Supp for Tech Ass	3,513	0	0	0	12	51,009	0	0	12	51,009	51,009
TOTAL OTHER COSTS			0		0	51,009		0			51,009
GRAND TOTAL			536,096		194,877	681,251		365,934			1,778,158

B. Reproductive Physiology Research: NRIAP

Category of Expenses	US FY 1986		US FY 1987		US FY 1988		US FY 1989		Total		
	Unit Cost	Unit	Unit Cost	Unit	Unit Cost	Unit	Unit Cost	Unit	Unit Cost	Unit	
1. TECHNICAL ASSISTANCE											
a. Long Term											
Reproduc. Endoc. Adv (12 PM)	18,252	0	0	12	229,975	0	0	0	12	229,975	
Molecular Endoc. Adv (12 PM)	18,252	0	0	0	0	3	60,368	9	190,161	12	250,529
Sub Total (Long Term TA)		0	0	12	229,975	3	60,368	9	190,161	24	480,504
b. Short Term											
Salary & Allowances											
Computer Specialist (3PM)	13,778	0	0	3	43,401	0	0	0	3	43,401	
Primate Lab Spec. (6 PM)	13,778	0	0	3	43,401	3	45,571	0	0	6	88,971
Steroid Biochem Sp (6PM)	13,778	0	0	0	0	6	91,141	0	0	6	91,141
R.R.A. (6 PM)	13,778	0	0	0	0	3	45,571	3	47,849	6	93,420
Sal/All Short Term TA		0	0	6	86,801	12	182,283	3	47,849	21	316,934
Travel	6,066	0	0	1.5	9,554	2	13,376	0.5	3,511	4	26,441
Sub Total (Short Term TA)		0	0	1.5	96,355	14	195,658	3.5	51,360	25	343,374
TOTAL TECHNICAL ASSISTANCE		0	0	13.5	326,331	17	256,027	12.5	241,521	45	823,879

2. TRAINING

a. Long Term

Tuition & Board											
Reproduc. Endoc. (36)	1,874	0	0	12	23,612	12	24,793	12	26,033	36	74,438
Bio-Chem./Immunology (36 PM)	1,874	0	0	12	23,612	12	24,793	12	26,033	36	74,438
Reproduc. Pharmacology (12 PM)	1,874	0	0	3	5,903	9	18,595	0	0	12	24,498
Molecular Endoc. (12 PM)	1,874	0	0	5	9,839	7	14,463	0	0	12	24,301
Laboratory Technician (12 PM)	1,874	0	0	0	0	0	0	12	26,033	12	26,033
Sub-Total (Tuition & Board)		0	0	32	62,966	40	82,643	36	78,098	108	223,708
Travel	2,674	0	0	2	5,615	1	2,948	2	6,191	5	14,754
Sub-Total (Long Term Training)		0	0	34	68,582	41	85,591	38	84,289	113	238,462

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C. Program Monitoring & Statistical Research: M&S

Category of Expenses	US FY 1986		US FY 1987		US FY 1988		US FY 1989		Total		
	Unit Cost	Unit	Unit Cost	Unit							
1. TECHNICAL ASSISTANCE											
a. Short Term											
Salary & Allowances	13,781	0	0	0	0	0	0	4	63,813	4	63,813
Travel	6,066	0	0	0	0	0	1	7,022	1	7,022	
TOTAL TECHNICAL ASSISTANCE		0	0	0	0	0		70,835		70,835	
2. TRAINING											
a. Long Term Training											
i) Tuition and Board											
Economics (M.S.) (18 PM)	1,874	0	0	12	23,612	6	12,397	0	0	18	36,009
Statistics (M.S.) (18 PM)	1,874	0	0	2	3,935	12	24,793	4	8,678	18	37,406
Demography (M.S.) (18 PM)	1,874	0	0	0	0	9	18,595	9	19,525	18	38,119
Sub-Total Tuition & Board		0	0	14	27,548	27	55,784	13	28,202	54	111,534
ii) Travel	2,674	0.5	1,337	0.5	1,404	1	2,948	1	1,548	3	7,237
Sub-Total Long Term Training			1,337		28,952		58,732		29,750		118,771
b. Short Term Training											
i) Tuition and Board											
Sampling (24 PM)	3,418	0	0	12	43,067	12	45,220	0	0	24	88,287
Social Statistics (20 PM)	3,418	4	13,672	7	25,122	9	33,915	0	0	20	72,709
Demography (36 PM)	3,418	0	0	18	64,600	18	67,830	0	0	36	132,430
Data Processing (20 PM)	3,418	0	0	20	71,778	0	0	0	0	20	71,778
Evaluation (24 PM)	3,418	0	0	0	0	24	90,440	0	0	24	90,440
Sub-Total Tuition & Board		4	13,672	57	204,567	63	237,406	0	0	124	455,645
ii) Travel	2,674	1	2,674	12	33,692	13	38,325	0	0	26	74,692
Sub-Total Short Term Training			16,346		238,260		275,731		0		530,337
c. Regional Observation	0	0	6,000	0		0		0		0	6,000
d. In-Country Seminars/Workshops	0	0	0	0	30,000	0	10,000	0	10,000	0	50,000
Sub-Total Reg Obs./W/Shops/Seminars		0	6,000		30,000		10,000		10,000		56,000
TOTAL TRAINING			23,683		297,211		344,463		39,750		705,107

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M&S

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Category of Expenses	US FY 1986		US FY 1987		US FY 1988		US FY 1989		Total		
	Unit Cost	Unit	Unit Cost	Unit							
3. COMMODITIES											
a. Computers/Supplies/Maint.	0	0	0	0	40,000	0	5,000	0	5,000	0	50,000
b. Photocopiers/Supplies/Maint.	0	0		4	16,000	0	1000	0	1000	0	18,000
c. Other Supplies	1200	1	1,000	1	1,260	1	1,323	1	1,389	4	4,972
TOTAL COMMODITIES			1,000		57,260		7,323		7,389		72,972
4. OTHER COSTS											
a. Monitoring Studies	0	0	30,000	0	40,000	0	50,000	0	60,000	0	180,000
b. Salaries/Travel for Staff	0	0	42,000	0	45,000	0	50,000	0	55,000	0	192,000
TOTAL OTHER COSTS			72,000		85,000		100,000		115,000		372,000
GRAND TOTAL			96,683		439,471		451,786		232,974		1,220,915

COMPONENT 2: Contraceptive Supplies & Logistic Support
Detailed Budget

Category of Expenses	Unit Cost	US FY 1986		USFY 1987		US FY 1988		US FY 1989		Total	
		Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost	Cost	
1. TECHNICAL ASSISTANCE (Salary and Travel)											
a. Short Term											
Salary & Allowances	13,781	0	0	3	43,410	2	30,387	0	0	5	73,797
Travel	6,066	0	0	1	6,369	1	6,688	0	0	2	13,057
TOTAL TECHNICAL ASSISTANCE			0		49,779		37,075		0		86,854
2. TRAINING											
a. U.S. (Short Term)											
Tuition and Board	3,418	1	3,418	0	0	0	0	0	0	1	3,418
Travel	2,674	2	5,348	0	0	0	0	0	0	2	5,348
Sub-Total (U.S.)			8,766		0		0		0		8,766
b. Regional Workshop											
Tuition and Board	662	0	0	1	695	0	0	0	0	1	695
Travel	1,268	0	0	2	2,663	0	0	0	0	2	2,663
Sub-Total (Regional)			0		3,358		0		0		3,358
c. In-Country Workshops			15,000		20,000		25,000		30,000		90,000
TOTAL TRAINING			23,766		23,358		25,000		30,000		102,124
3. COMMODITIES											
a. Condoms 143,560,000 @ \$0.05 each		0	0	0	4,614,300	0	2,564,000	0	0	0	7,178,300
b. I.U.D.s 700,000 @ \$1.00 each		0	0	0	700,000	0	0	0	0	0	700,000
c. Orals 6,848,000 @ \$0.23 each		0	0	0	787,500	0	787,500	0	0	0	1,575,000
TOTAL COMMODITIES			0		6,101,800		3,351,500		0		9,453,300
GRAND TOTAL			23,766		6,174,937		3,413,575		30,000		9,642,278

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COMPONENT 3: Voluntary Surgical Contraception
Detailed Budget

Category of Expenses	US FY 1986		US FY 1987		US FY 1988		US FY 1989		Total		
	Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost	
1. TECHNICAL ASSISTANCE											
Short Term (Total & PM)											
Salary & Allowances	3,781	0	3	43,410	1	15,194	2	31,906	6	90,510	
Travel	5,066	0	3	19,108	1	6,688	2	14,044	6	39,840	
TOTAL TECHNICAL ASSISTANCE		0		62,518		21,881		45,951		130,350	
2. TRAINING											
a. Short Term (U.S.)											
Tuition and Board	3,418	0	4	14,356	4	15,073	4	15,827	12	45,256	
Travel	2,674	0	4	11,231	4	11,792	4	12,382	12	35,405	
Sub-Total (U.S. Training)		0		25,586		26,866		28,209		80,661	
b. Regional											
Tuition and Board	662	2	3	2,085	3	2,190	4	3,065	12	8,664	
Travel	1,268	2	3	3,994	3	4,194	4	5,871	12	16,596	
Sub-Total (Regional)		3,860		6,080		6,383		8,937		25,260	
TOTAL TRAINING		3,860		31,666		33,249		37,146		105,921	
3. OTHER COSTS											
Inst Reimbursement to PWD											
"A" Centers	8.49	44,130	374,664	48,940	415,501	52,500	445,725	75,000	636,750	1,220,570	1,872,639
"B" Centers	14.77	17,550	259,214	23,760	350,935	34,500	509,565	53,150	815,156	1,131,000	1,934,870
Mobile Ext Service Units	12.57	17,640	221,735	21,420	269,249	25,200	316,764	37,740	474,392	1,102,000	1,282,140
Sub Total Inst Reimb to PWD			855,612		1,035,685		1,272,054		1,926,298		5,089,649
GRAND TOTAL			859,472		1,129,869		1,327,185		2,009,395		5,325,920

COMPONENT 4: Support to NGO Activities
Detailed Budget

Category of Expenses	US FY 1986		US FY 1987		US FY 1988		US FY 1989		Total		
	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	
1. TECHNICAL ASSISTANCE (Short Term)											
a. General											
Salary & Allowances	13,781	2	27,562	4	57,880	6	91,161	4	63,813	16	240,416
Travel	6,066	1	6,066	2	12,739	3	20,063	2	14,044	8	52,912
Sub-Total (General)			33,628		70,619		111,225		77,857		293,329
b. VSC Service Centers											
Salary & Allowances	13,781	0	0	4	57,880	3	45,581	3	47,860	10	151,321
Travel	6,066	0	0	3	19,108	3	20,063	3	21,066	9	60,238
Sub-Total (VSC)			0		76,988		65,644		68,926		211,558
TOTAL TECHNICAL ASSISTANCE			33,628		147,607		176,869		146,783		504,887
2. TRAINING (Short Term)											
a. General											
i) U.S.											
Tuition and Board	3,418	0	0	18	64,600	12	45,220	6	23,741	36	133,561
Travel	2,674	0	0	6	16,846	4	11,792	2	6,191	12	34,830
Sub-Total (U.S.)			0		81,446		57,012		29,932		168,390
ii) Regional											
Tuition and Board	662	0	0	9	6,256	3	2,190	4	3,065	16	11,511
Travel	1,268	0	0	9	11,983	3	4,194	4	5,871	16	22,048
Sub-Total (Regional)			0		18,239		6,383		8,937		33,559
iii) In-Country Workshops			0		80,000		80,000		80,000		240,000
Sub-Total (General)			0		179,685		143,396		118,868		441,949
b. VSC Service Centers											
i) U.S.											
Tuition and Board	3,418	0	0	7	25,122	5	18,842	3	11,870	15	55,834
Travel	2,674	0	0	7	19,654	5	14,740	3	9,286	15	43,681
Sub-Total (U.S.)			0		44,776		33,582		21,157		99,515

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MGO

Category of Expenses	Unit Cost	US FY	1986	US FY	1987	US FY	1988	US FY	1989	Total	
		Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost
ii) Regional											
Tuition and Board	662	2	1,324	2	1,390	1	730	0	0	5	3,444
Travel	1,268	2	2,536	2	2,663	1	1,398	0	0	5	6,597
Sub-Total (Regional)			3,860		4,053		2,128		0		10,041
iii) In-Country Workshops	0	0	0	0	60,000	0	30,000	0	30,000	0	120,000
Sub-Total (VSC)			3,860		108,829		65,710		51,157		229,556
TOTAL TRAINING			3,860		288,514		209,106		170,025		671,505
3. OTHER COSTS											
Project Implementation											
a. 25 General MGO Projects	20,000	2.5	50,000	5	100,000	7.5	150,000	10	200,000	25	500,000
b. 20 VSC MGO Projects	30,000	2	60,000	4	120,000	6	180,000	8	240,000	20	600,000
c. 2 Model Trng. Centers - VSC (5 Operational Years)	125,000	0	0	1	125,000	2	250,000	2	250,000	5	625,000
d. MGO Coordinating Council	100,000	0	0	1	100,000	1	100,000	1	100,000	3	300,000
TOTAL OTHER COSTS			110,000		445,000		680,000		790,000		2,025,000
GRAND TOTAL			0	147,488	881,121	1,065,974	1,106,809				3,201,392

MGO

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COMPONENT 5: District Operations
Detailed Budget

Category of Expenses	Unit Cost	US FY 1986		US FY 1987		US FY 1988		US FY 1989		Total
		Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost	Unit Cost
1. TRAINING										
In-Country Workshops	0	12,000	0	10,000	0	10,000	0	8,000	0	40,000
TOTAL TRAINING		12,000		10,000		10,000		8,000		40,000
2. COMMODITIES										
Bicycles/Publications, and Other Equipment	0	50,000	0	50,000	0	50,000	0	50,000	0	200,000
TOTAL COMMODITIES		50,000		50,000		50,000		50,000		200,000
3. OTHER COSTS										
Salaries/Travel/Operational Expenses for Local Staff for Supervision, Monitoring, and Outreach	0	50,000	0	100,000	1	120,000	0	130,000	0	400,000
TOTAL OTHER COSTS		50,000		100,000		120,000		130,000		400,000
GRAND TOTAL		112,000		160,000		180,000		188,000		640,000

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COMPONENT 6: Communication/Mass Media
Detailed Budget

Category of Expenses	US FY 1986		US FY 1987		US FY 1988		US FY 1989		Total		
	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Unit Cost	Cost	
1. TECHNICAL ASSISTANCE											
Short Term (9 PM)											
a. Salary & Allowances	13,781	1	13,781	3	43,410	3	45,581	2	31,906	9	134,678
b. Travel	6,066	1	6,066	2	12,739	3	20,063	2	14,044	8	52,912
TOTAL TECHNICAL ASSISTANCE			19,847		56,149		65,644		45,951		187,590
2. OTHER COSTS											
a. Market Research & Field Tests	0	0	30,000	0	75,000	0	75,000	0	50,000	0	230,000
b. Mass Media											
i) T.V. (60-74 Sec Daily)	0	0	200,000	0	850,000	0	850,000	0	850,000	0	2,750,000
ii) Radio	0	0	125,000	0	450,000	0	500,000	0	500,000	0	1,575,000
iii) Press Advertisements	0	0	25,000	0	100,000	0	100,000	0	100,000	0	325,000
iv) Production of Films*	0	0	0	0	100,000	0	150,000	0	0	0	250,000
v) Publication Materials	0	0	25,000	0	100,000	0	100,000	0	100,000	0	325,000
TOTAL OTHER COSTS			405,000		1,675,000		1,775,000		1,600,000		5,455,000
GRAND TOTAL:			424,847		1,731,149		1,840,644		1,645,951		5,642,590

*Appropriate for viewing in movie theatres and audio visual vans.

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COMPONENT 7: Mid-Level Management Training
Detailed Budget

Category of Expenses	US FY 1986		US FY 1987		US FY 1988		US FY 1989		Total
	Cost	Unit	Cost	Unit	Cost	Unit	Cost	Unit	Cost
I. TRAINING									
a. Long Term Training									
i) Tuition and Board									
Prog. Plan. Mgt. & Evaluation	1,874	0	0	0	24,793	12	26,033	24	50,826
Communications	1,874	0	0	12	24,793	12	26,033	36	74,438
Demography	1,874	0	0	12	24,793	12	26,033	36	74,438
Sub-Total Tuition	0	0	24	47,225	36	74,379	36	78,098	199,702
ii) Travel	2,674	0	0	5,615	3	8,844	3	9,286	23,746
Sub-Total Long Term Training	0	0	52,840	83,223	87,384	223,448			
b. Short Term Training									
i) Tuition and Board	3,418	6	20,508	12	43,067	18	67,830	18	71,222
ii) Travel	2,674	4	10,696	8	22,462	12	35,377	12	37,146
Sub-Total Short Term Training	31,204	31,204	65,528	103,207	108,368	308,307			
GRAND TOTAL TRAINING	31,204	31,204	118,369	186,431	195,752	531,755			

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COMPONENT B: Evaluation & Contingency
Detailed Budget

Category of Expenses	US FY 1986		US FY 1987		US FY 1988		US FY 1989		Total	
	Unit Cost	Unit Cost	Unit Cost	Unit Cost						
1. EVALUATION	0	0	0	150,000	0	0	0	150,000	0	300,000
TOTAL EVALUATION	0	0	0	150,000	0	0	0	150,000	0	300,000
2. CONTINGENCY	0	306,000	0	1,425,000	0	1,170,000	0	772,000	0	3,673,000
TOTAL CONTINGENCY	0	306,000	0	1,425,000	0	1,170,000	0	772,000	0	3,673,000

COST ASSUMPTIONS USED IN THE DETAILED BUDGET

1. LONG TERM TECHNICAL ASSISTANCE

	1984	1986	
Salary & Travel (12 PM - 1984)	1984	1986	
Salary and Allowances	133,900		
Dollar Arrival Costs	19,980		
Dollar Departure Costs	3,350		
Annual Recurrent Travel Costs	11,246		
One Time Rupee Costs	11,535		
Rupee Departure Costs	18,645		
	198,656	219,018	PM = 18,252
Logistic Support for T.A.			
Annual Housing	17,286		
Annual Office Expenses	12,836		
One-Time Housing Costs	4,714		
	34,836	42,152	PM = 3,513
Furnishings & Equipt for T.A.			
Household Furnishings	12,500		
Household Equipment	18,910		
Office Furngs & Equipt	2,200		
	33,610	40,668	
Total Cost	267,102	301,838	PM = 21,764

2. SHORT TERM TECHNICAL ASSISTANCE

	1984	1986
Salary & Allowances Per Month	12,500	13,781
Travel		
International Return Ticket	2,425	
International Per Diem	46	
Incountry Travel	357	
Incountry Per Diem	2,280	
Other Direct Costs	406	
	5,502	6,066

3. TRAINING COSTS PER MONTH

a. U.S. Long Term		
Tuition, Room and Board	1,700	1,874
Round Trip Airfare	2,425	2,674
b. U.S. Short Term		
Tuition, Room and Board	3,100	3,418
Round Trip Airfare	2,425	2,674
c. Third Country Regional		
Tuition, Room and Board	60	662
Round Trip Airfare	1,150	1,268
d. Project Implementation		
1 NGO Project		20,000
2 Model Training Centers (1 Opr Yr)		125,000

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SUPPORT TO NON-GOVERNMENTAL ORGANIZATIONS COMPONENT
NGO-VSC TRAINING CENTER

Detailed Cost Assumptions for One Center

IN-COUNTRY PROGRAM COSTS

1. TRAINING - SHORT TERM

a. Training and Orientation

i) Physician, Paramedic, Counselor Training	<u>\$6,760</u>	
10 Physicians (Vasectomy)	840	
(\$4 x 21 days x 10)		
10 Physicians (mini laparotomy)	1,200	
(\$4 x 30 days x 10)		
30 Paramedics	3,600	
(\$4 x 30 days x 30)		
20 Counselors	1,120	
(\$4 x 14 days x 20)		
ii) Three day male VSC Training Program for 100 volunteer worker educators		<u>1,926</u>
(4 groups of 25)		
Trainees' per diem	1,111	
(\$3.703 x 3 days x 100)		
Trainees' travel	444	
(\$1.48 x 3 days x 100)		
Course materials and misc. expenses	<u>371</u>	
iii) One day Project Orientation Program for Project and Staff		<u>370</u>
Orientation materials & misc. expenses	370	

1986
\$9,056

b. Information and Education

100 Voluntary Worker Educators Honorarium	3,704	
Group Meeting (1 mtg/month x 12 mos. x \$22.22)	267	
Billboards (\$111.11 x 10)	1,111	
Posters: (\$111 x 11,000)	1,222	
Leaflets: (\$.074 x 1500)	111	
Home Visit: Coupon (\$.037) x 12000)	<u>445</u>	

6,860

2. COMMODITIES

EQUIPMENT - LOCAL PURCHASE

1 Medical Kit # 2 (Emergency)		
3 Medical Kits No.IV		
1 Medical Kit No.1		
1 Medical Kit No.V		
2 Cas Sterilizers		
1 Resuscitator, Demand		
1 Sphygmomanometer W/Case		
1 Aspirator-Manual W/Case		
2 Stethoscopes		
1 Scale, Weight		
1 OR Table		

\$3,333

1986

3. OTHER COSTS

a. Personnel Salaries*

29,170

1 Project Director	Honorary	
1 Program Manager (\$370.37 x 15 mo. x 1)	\$5,556	
1 Physician (\$370.37 x 14 mos. x 1)	5,185	
1 Physician (\$370.37 x 12 mos. x 1)	4,445	
1 Theatre Nurse (\$185.19 x 13 mos. x 1)	2,407	
1 Counselor (\$133.33 x 13 mos. x 1)	1,733	
1 Laboratory Technician (\$125.93x13 mos.x1)	1,637	
1 Theatre Assistant (\$111.11 x 13 mos. x 1)	1,444	
1 Nurse Aide (\$103.70 x 13 mos. x 2)	2,696	
1 Record-keeper-cum-Typists (\$133.33 x 14 mos. x 1)	1,867	
1 Chowkidar/Guard (\$81.48 x 14 mos. x 1)	1,141	
1 Peon/Messenger (\$81.48 x 13 mos. x 1)	<u>1,059</u>	

b. Local Travel/Per Diem (25% of Salaries)

7,292

c. Services

26,482

Institutional Reimbursement for Program Activities (IRPA):**		<u>23,705</u>
500 Vasectomies x \$11.11 =	5,556	
1000 Tubectomies x \$14.815 =	14,815	
Follow-up clients	<u>3,334</u>	
Supplemental Health Care Service Costs		<u>2,777</u>

d. Operational Expenses

12,000

Service Centre rent	7,259	
Utilities		1,037
Communications	741	
Office supplies and record cards etc.	1,111	
Furniture		741
Facility Maintenance	<u>1,111</u>	

e. Evaluation

\$ 370

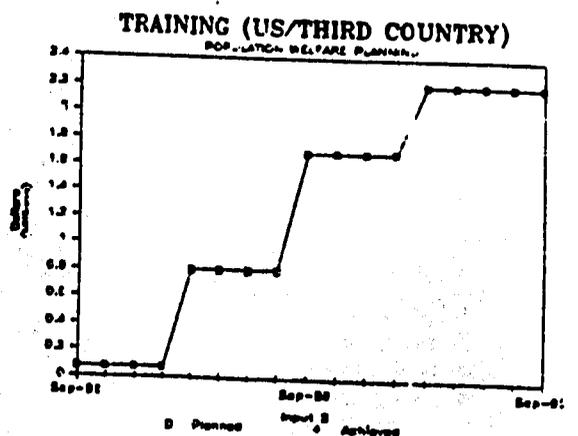
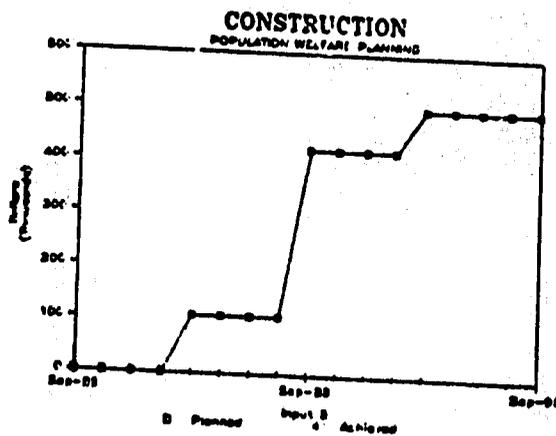
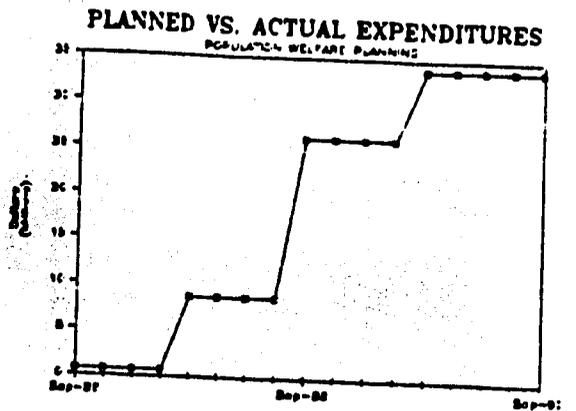
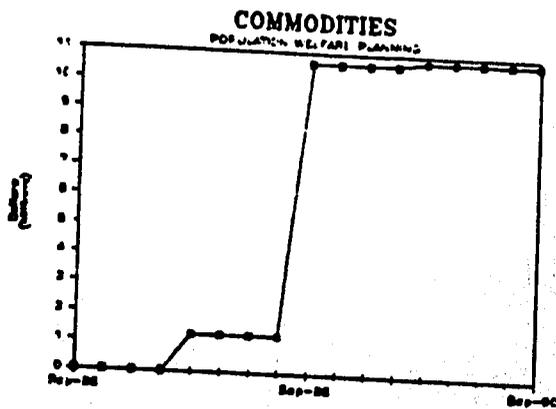
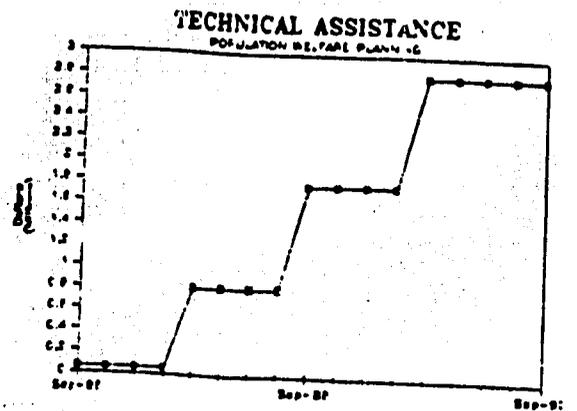
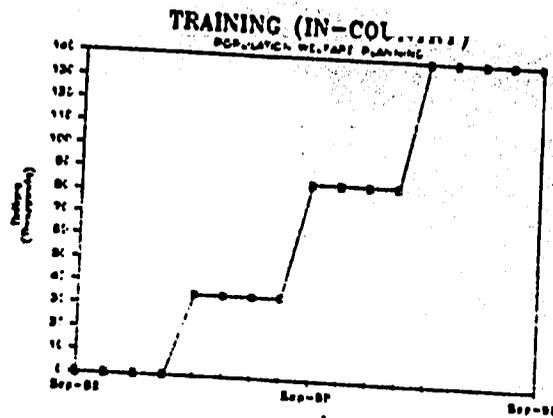
Evaluation cost		
Total In-Country Program Costs :		<u>\$94,563</u>

* All personnel cost includes salaries and fringe benefits, all are full-time staff.

** IRPA estimates include costs directly related to services other than those reflected in the budget (e.g. clinical material and supplies, emergency by support costs in case of complications, and small clinical equipment, etc.)

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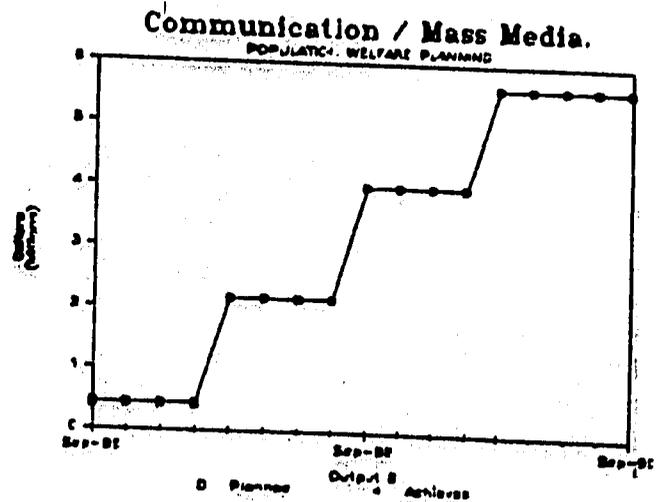
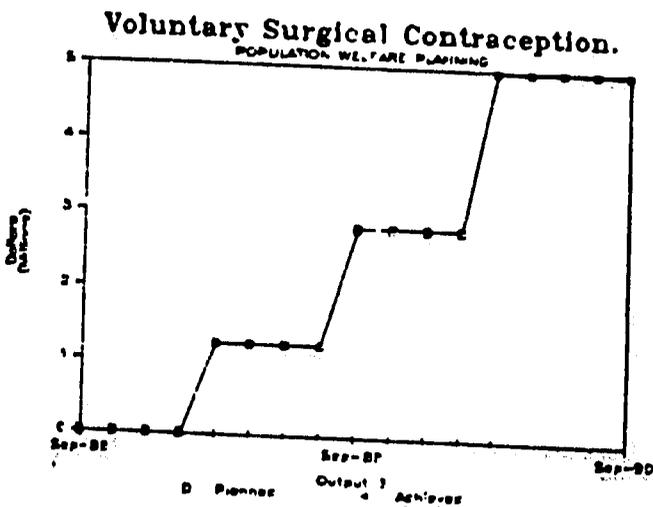
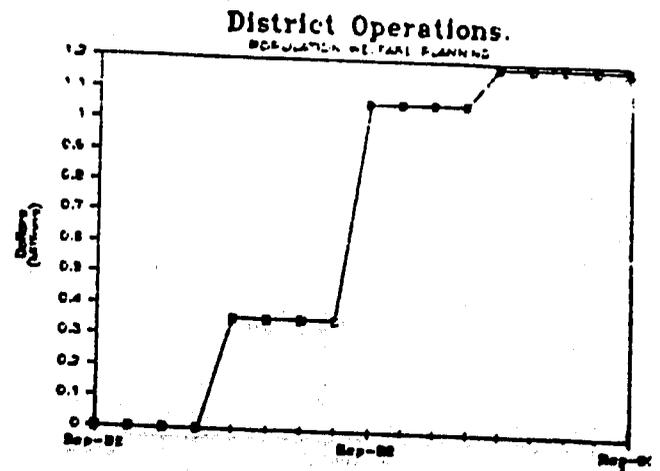
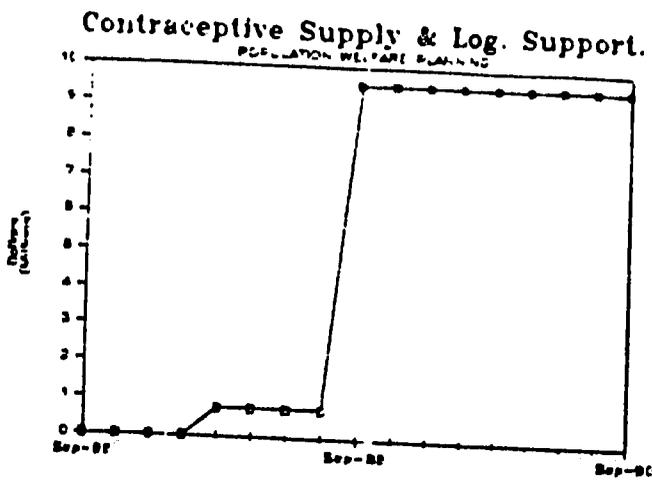
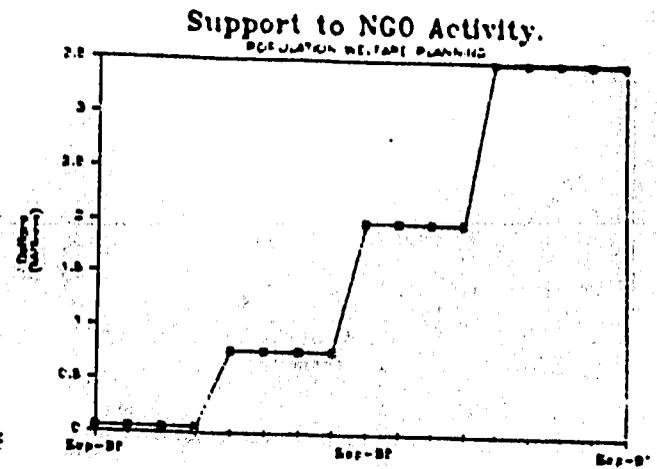
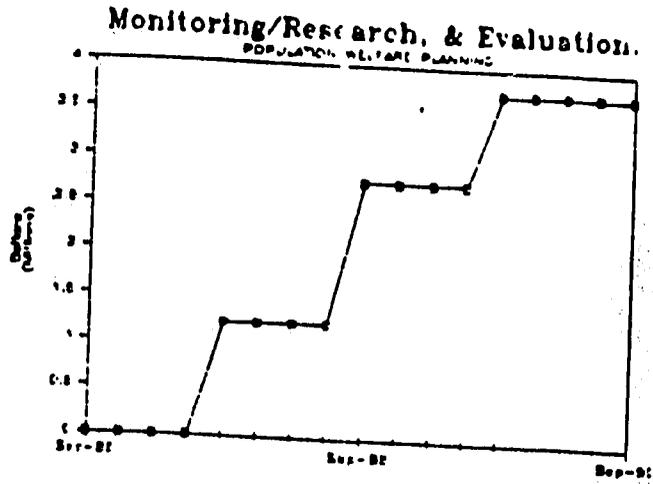
Project Management Information System (PROMIS)
Graphs of Implementation Schedules: Inputs



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Project Management Information System (PROMIS)

Graphs of Implementation Schedules: Outputs



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Bibliography

1. AID, "Project Paper: Pakistan - Population Welfare Planning (391-0469)", AID, Photocopied, March 1982, 91 pp + annexes.
2. AID, "Mid-Project Evaluation Report," USAID/Pakistan, photocopied, 11/14/84.
3. AID "Thoughts on Current and Future A.I.D. Population Assistance to Pakistan," USAID/Pakistan, photocopied, 11/27/85, 15pp.